

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000009003

FILED
Mar 08, 2007
Secretary of State

Entity Name: INTERSTATE BILLBOARDS, INC.

Current Principal Place of Business:

305 NE 1 STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

305 NE 1 STREET
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-3491226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDINGER, GARY S
305 NE 1 STREET
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SULLIVAN, JERRY
Address: 17035 SE COUNTY ROAD 234
City-St-Zip: MICANOPY, FL 32667

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SULLIVAN, ASHER G III
Address: 3456 S.W. 42ND AVENUE
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Change (X) Addition
Name: EDINGER, GARY S
Address: 305 N.E. 1ST STREET
City-St-Zip: GAINESVILLE, FL 32601

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASHER G. SULLIVAN, III

P

03/08/2007

Electronic Signature of Signing Officer or Director

_____ Date