

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000110247

1. Entity Name  
LAMAR FLORIDA, INC.Principal Place of Business  
5551 CORPORATE BLVD.  
SUITE 2A  
BATON ROUGE, LA 70808Mailing Address  
PO BOX 66338  
BATON ROUGE, LA 70808

FILED

06 APR 19 AM 9:07

STATE  
FLORIDA

04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
72-1467178Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324DO NOT WRITE  
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.009. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	REILLY, JR., KEVIN
STREET ADDRESS	5551 CORPORATE BLVD
CITY - ST - ZIP	BATON ROUGE, LA 70808
TITLE	P
NAME	REILLY, SEAN
STREET ADDRESS	5551 CORPORATE BLVD., STE. 2A
CITY - ST - ZIP	BATON ROUGE, LA 70808
TITLE	S
NAME	MCIWAIN, JAMES R
STREET ADDRESS	5551 CORPORATE BLVD
CITY - ST - ZIP	BATON ROUGE, LA 70808
TITLE	T
NAME	ISTRE, KEITH A
STREET ADDRESS	5551 CORPORATE BLVD
CITY - ST - ZIP	BATON ROUGE, LA 70808
TITLE	D
NAME	LAMAR, CHARLES III
STREET ADDRESS	5551 CORPORATE BLVD
CITY - ST - ZIP	BATON ROUGE, LA 70808
TITLE	D
NAME	MARCHAND, GERALD
STREET ADDRESS	5551 CORPORATE BLVD., STE 2A
CITY - ST - ZIP	BATON ROUGE, LA 70808

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04/28/06--01035--005 \*\*1500.00DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06

Date

225-526-1000

Daytime Phone #