## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AN
Secretary of State

				-	260	THIAIT	oi State
DOCUMENT # P03000144777  1. Entity Name FLA-GA ADVERTISING COOPERATIVE, INC.					500	er cour y	or State
3783 HARTS		- Malling Address 3783 HARTSFIELD RD. TALLAHASSEE, FL 32303		}	•		
D	O NOT WRITE  6. Name and Address of Current R	O4292005 No Chg-P CR2E034 (10/03)  4. FEI Number 20-0546464   Applied For 20-0546464   Not Applicable  5. Certificate of Status Desired   \$8.75 Additional Fee Required					
SMITH, BRYAN K 3783 HARTSFIELD RD. TALLAHASSEE, FL 32303			DO NOT WRITE IN THIS SPACE red office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
the obligat	lions of registered agent.	ed Agent signatura required			DATE	- This, and docopt	
10.	OFFICERS AND D	IRECTORS	T T		J00000.	362512	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D SMITH, BRYAN K 3783 HARTSFIELD RD. TALLAHASSEE, FL 32303				<u>- 05/05/05-6</u>	30120-014 	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE							
NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· ** · ** ·		■IN '	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		***					
TITLE	<del>_</del>	·			=====		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 of trustee annowered 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-505-9990 Daytime Phona #

08

Date