

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90111 002 ***150.00

DOCUMENT # P96000077572

1. Entity Name
COOPERATIVE MARKETING GROUP, INC.



Principal Place of Business

26133 US HWY 19 N

#311

CLEARWATER, FL 33765

Mailing Address

204 SILVER MOSS LANE

TARPON SPRINGS, FL 34689

34688

DO NOT WRITE IN THIS SPACE

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3404634

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVID, KARIN A

204 SILVER MOSS LANE

TARPON SPRINGS, FL 34689

34688

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

VPD

NAME

DAVID, KARIN A

STREET ADDRESS

204 SILVER MOSS LANE

CITY-ST-ZIP

TARPON SPRINGS, FL 34689

34688

TITLE

PD

NAME

DAVID, DONALD V

STREET ADDRESS

204 SILVER MOSS LANE

CITY-ST-ZIP

TARPON SPRINGS, FL 34689

34688

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

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 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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-05 727-797-7909