

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002746

Entity Name: STOP - LOSS, INC.

FILED
Mar 02, 2009
Secretary of State

Current Principal Place of Business:

11770 HAYNES BR. RD, STE 205-314
ALPHARETTA, GA 30004

New Principal Place of Business:

7345 W. SAND LAKE ROAD
STE. 314
ORLANDO, FL 32819

Current Mailing Address:

11770 HAYNES BR. RD, STE 205-314
ALPHARETTA, GA 30004

New Mailing Address:

FEI Number: 58-2230091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CDPS () Delete
Name: CONNELL, MICHAEL A
Address: 11770 HAYNES BR. RD, STE 205-314
City-St-Zip: ALPHARETTA, GA 30004

Title: T () Delete
Name: CONNELL, MICHAEL A
Address: 11770 HAYNES BR. RD, STE 205-314
City-St-Zip: ALPHARETTA, GA 30004

Title: VCD (X) Delete
Name: BONE, ANDREW J
Address: 11770 HAYNES BR. RD, STE 205-314
City-St-Zip: ALPHARETTA, GA 30004

Title: VP (X) Delete
Name: BONE, ANDREW J
Address: 11770 HAYNES BR. RD, STE 205-314
City-St-Zip: ALPHARETTA, GA 30004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO (X) Change () Addition
Name: CONNELL, MICHAEL A PRES
Address: 11770 HAYNES BR. RD, STE 205-314
City-St-Zip: ALPHARETTA, GA 30004

Title: CEO (X) Change () Addition
Name: BONE, ANDREW J
Address: 11770 HAYNES BR. RD, STE 205-314
City-St-Zip: ALPHARETTA, GA 30004

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL A. CONNELL

MICH

03/02/2009

Electronic Signature of Signing Officer or Director

Date