

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000002246

1. Entity Name
STOP-IT, INC.

Principal Place of Business
PO BOX 91
SANIBEL, FL 33957

Mailing Address
PO BOX 91
SANIBEL, FL 33957



01272005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
65-1005167

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTLER, GAREY F
HUMPHREY & KNOTT, P.A.
1625 HENDRY STREET, SUITE 301
FORT MYERS, FL 33901

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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 reinsuring)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHLACKMAN, WILLIAM
1331 SAND CASTLE RD.
SANIBEL, FL 33957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GILHOOLEY, THOMAS V
2629 WEST GULF DRIVE
SANIBEL, FL 33957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KATCHEN, BERNARD
1271 SAND CASTLE ROAD
SANIBEL, FL 33957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PONADER, WAYNE C
1475 SAND CASTLE ROAD
SANIBEL, FL 33957

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 617, 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:

Bernard Katchen **BERNARD KATCHEN** 1/27/05 239 472 2646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #