


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000002246</b> 1. Entity Name <b>STOP-IT, INC.</b>	
--	---

Principal Place of Business <b>PO BOX 91 SANIBEL, FL 33957</b>	Mailing Address <b>PO BOX 91 SANIBEL, FL 33957</b>
---	---

**DO NOT WRITE IN THIS SPACE**



01312006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-1005167</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**EBELINI, MARK A ESQ  
KNOTT, CONSOER, EBELINI, HART & SWETT, P.A  
1625 HENDRY STREET, SUITE 301  
FORT MYERS, FL 33901**

**DO 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	

**DO NOT WRITE  
IN THIS SPACE**

000000420410  
02/15/06-80055-018 61.25

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 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** 2/1/06 239 472 3640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if