# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2009**
**Secretary of State**

DOCUMENT# N04000003034

**Entity Name:** POP, INC.

**Current Principal Place of Business:**

109 DRESDAN CT.
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

109 DRESDAN CT.
SANFORD, FL 32771 US

**New Mailing Address:**

**FEI Number: 76-0754063** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WAISANEN, TIMOTHY A SR.
109 DRESDAN CT.
SANFORD, FL 32771 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: WAISANEN, TIMOTHY A SR.
Address: 109 DRESDAN CT.
City-St-Zip: SANFORD, FL 32771 US

Title: VP,S ( ) Delete
Name: WAISANEN, KARLA
Address: 109 DRESDAN CT.
City-St-Zip: SANFORD, FL 32771 US

Title: T ( ) Delete
Name: WAISANEN, SCOTT D SR.
Address: 473 KAYS LANDING DR.
City-St-Zip: SANFORD, FL 32771 US

Title: VP ( ) Delete
Name: MOREAU, JOHN
Address: 709 TIMBERWILDE AVE.
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: VP ( ) Delete
Name: BRICK, GREG
Address: P.O. BOX 196284
City-St-Zip: WINTER SPRINGS, FL 32719 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY A. WAISANEN PRES 04/29/2009

Electronic Signature of Signing Officer or Director — Date