


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 09, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P00000004158</b> 1. Entity Name THE STRESS STOP, INC.		
Principal Place of Business 9340 ELAINE DR. NEW PORT RICHEY, FL 34654	Mailing Address 9340 ELAINE DR. NEW PORT RICHEY, FL 34654	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  OLIVER, GAIL B 9340 ELAINE DR. NEW PORT RICHEY, FL 34654		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</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	S OLIVER, GAIL B 9340 ELAINE DR. NEW PORT RICHEY, FL 34654	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP OLIVER, WAYNE 9340 ELAINE DR NEW PORT RICHEY, FL 34654	
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		
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 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 like empowered.		
SIGNATURE: <u>Gail B Oliver</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/28/06</u> <u>727 862 4364</u> <small>Date Daytime Phone #</small>



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3615760	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fees Required	

000000426280  
02/20/06-80037-008 150.00

**DO NOT WRITE  
IN THIS SPACE**