

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000022251

FILED  
Apr 30, 2010  
Secretary of State

Entity Name: STOP PROGRAM, INC.

**Current Principal Place of Business:**

1045 E. GRAVES AVE.  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**Current Mailing Address:**

1045 E. GRAVES AVE.  
ORANGE CITY, FL 32763

**New Mailing Address:**

FEI Number: 27-0229529

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JAMES, ALAN  
1045 E. GRAVES AVE  
ORANGE CITY, FL 32763 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: P  
Name: JAMES, ALAN  
Address: 1045 E. GRAVES AVE  
City-St-Zip: ORANGE CITY, FL 32763

Title: VP  
Name: LAPUTKA, THOMAS  
Address: 345 N. OAK AVE.  
City-St-Zip: ORANGE CITY, FL 32763

Title: SEC  
Name: JAMES, ALAN  
Address: 1045 E. GRAVES AVE.  
City-St-Zip: ORANGE CITY, FL 32763

Title: TREA  
Name: LAPUTKA, THOMAS  
Address: 345 N. OAK AVE.  
City-St-Zip: ORANGE CITY, FL 32763

I hereby 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 all other like empowered.

SIGNATURE: THOMAS LAPUTKA

VP

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date