

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000022251

Entity Name: STOP PROGRAM, INC.

FILED
Apr 30, 2011
Secretary of State

Current Principal Place of Business:

1045 E. GRAVES AVE.
ORANGE CITY, FL 32763

New Principal Place of Business:

345 N OAK AVENUE
ORANGE CITY, FL 32763

Current Mailing Address:

1045 E. GRAVES AVE.
ORANGE CITY, FL 32763

New Mailing Address:

345 N OAK AVENUE
ORANGE CITY, FL 32763

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:

LAPUTKA, THOMAS W
345 N OAK AVENUE
ORANGE CITY, FL 32763 US

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: THOMAS W LAPUTKA

04/30/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LAPUTKA, THOMAS W
Address: 345 N OAK 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: LAPUTKA, THOMAS W
Address: 345 N OAK 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 W LAPUTKA

PRES

04/30/2011

Electronic Signature of Signing Officer or Director

Date