

2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/3

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-03-2005 90062 001 ***500.50

08-23-2005 90012 043 ****49.50

DOCUMENT # 136171

1. Entity Name
STUART DEPARTMENT STORE INC



Principal Place of Business
**419 SE ST. LUCIE BLVD
STUART, FL 34996**

Mailing Address
**419 SE ST. LUCIE BLVD
STUART, FL 34996**

50062979

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-0467865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANDERS, BARBARA K
419 SE ST. LUCIE BLVD
STUART, FL 34996**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

| | | |
|---|--|--|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PD KANAREK, PAUL B 1241 POITRAS DR VERO BCH, FL 32983 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | VD AUERBACH, LARRY 2196 SE FLANDERS ROAD PORT SAINT LUCIE, FL 34952 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | STD SANDERS, BARBARA K 419 SE ST. LUCIE BLVD STUART, FL 34996 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|---|--|--|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PD Auerbach, Larry 2196 SE Flanders Road Port St. Lucie, FL 34952 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | VD Cohen, Lynne 7955 SW 110th Street Miami, FL 33156 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Barbara K. Sanders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara K. Sanders / *TREAS.*

7/31/05 (772) 219-6995
Date Daytime Phone #

ATTACHMENT

50062579

Barbara K. Sanders
419 SE St. Lucie Blvd.
Stuart, FL 34996
August 17, 2005

Florida Department of State
Division of Corporations
P.O. box 1500
Tallahassee, Florida 32302-1500

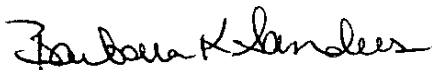
RE: Stuart Department Store, Inc.
Your Reference No: 136171

To Whom It May Concern:

Pursuant to your letter dated August 5, 2005 (copy enclosed); please find a check in the amount of \$49.50 for the balance due on the annual report that was mailed to you. It appears there was an error in writing the check. Please file the report at your earliest convenience.

If you have any questions or need further information, please do not hesitate to call me.

Very truly yours,



Barbara K. Sanders
Secretary/Treasurer
Stuart Department Store, Inc.
Phone: (772) 219-6995



ATTACHMENT

50062979

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 5, 2005

STUART DEPARTMENT STORE INC
419 SE ST. LUCIE BLVD
STUART, FL 34996

Subject: **STUART DEPARTMENT STORE INC**

Reference Number:

136171

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$500.50; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$49.50.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION