

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

**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**



03072006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-0467865**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

1101100536075  
05/04/06-80080-001 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME LUERBACH, LARRY  
STREET ADDRESS 2198 SE FLANDERS ROAD  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE VD  
NAME COHEN, LYNNE  
STREET ADDRESS 7955 SW 110TH STREET  
CITY-ST-ZIP MIAMI, FL 33156

TITLE STD  
NAME SANDERS, BARBARA K  
STREET ADDRESS 419 SE ST. LUCIE BLVD  
CITY-ST-ZIP STUART, FL 34996

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** *Barbara K. Sanders* **Barbara K. Sanders**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/21/06* **4/21/06** *(772) 219-6995*  
Date Daytime Phone #