

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90010 038 ***150.00

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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152007

Chg-P

CR2E034 (12/06)

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition
NAME COHEN, LYNNE
STREET ADDRESS 7955 SW 110TH STREET
CITY-ST-ZIP MIAMI, FL 33156

TITLE VD ☐ Change ☒ Addition
NAME AUERBACH, LARRY
STREET ADDRESS 2198 SE FLANDERS ROAD
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Barbara K Sanders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07 172519-6995

Date

Daytime Phone #