

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 136171

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Entity Name:** STUART DEPARTMENT STORE INC

**Current Principal Place of Business:**

419 SE ST. LUCIE BLVD  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

419 SE ST. LUCIE BLVD  
STUART, FL 34996

**New Mailing Address:**

**FEI Number:** 59-0467865

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: COHEN, LYNNE A  
Address: 7955 SW 110TH STREET  
City-St-Zip: MIAMI, FL 33156

Title: PD  
Name: COHEN, LYNNE A  
Address: 2198 SE FLANDERS ROAD  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: STD  
Name: SANDERS, BARBARA K  
Address: 419 SE ST. LUCIE BLVD  
City-St-Zip: STUART, FL 34996

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: BARBARA K. SANDERS

STD

02/22/2012

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

\_\_\_\_\_  
Date