


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # J49263 1. Entity Name STUART ASSOCIATES, INC.		
Principal Place of Business C/O JEFFER, CIOFFI ETAL 250 TEQUESTA DR. STE 200 TEQUESTA, FL 33469	Mailing Address C/O JEFFER, CIOFFI ETAL 250 TEQUESTA DR. STE 200 TEQUESTA, FL 33469	



04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2758038	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CIOFFI, JAMES A.
250 TEQUESTA DR. STE 200
TEQUESTA, FL 33469**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CIOFFI, JAMES A. 250 TEQUESTA DR. STE 200 TEQUESTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFFER, HERMAN 250 TEQUESTA DR. STE 200 TEQUESTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOHERR, DANIEL 250 TEQUESTA DR. STE 200 TEQUESTA, FL
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04/08/05-80022-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Herman Jeffer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

4-6-05 (5/61) 747-6000
Date Daytime Phone #