

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90013 039 ***150.00

DOCUMENT # M43313

1. Entity Name
STUART PARTNERS, INC.



Principal Place of Business
**21 ROYAL PALM POINTE
STE 201
VERO BEACH, FL 32960 US**

Mailing Address
**POB 370
VERO BEACH, FL 32961 US**

50002636



02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2769301

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOPKINS, CARTER W
21 ROYAL PALM POINTE STE 201
VERO BEACH, FL 32960**

**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, 2008 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 HOPKINS, CARTER W
STREET ADDRESS 21 ROYAL PALM POINTE STE 201
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE D
NAME EASTON, ED
STREET ADDRESS 10165 NW 19 ST
CITY-ST-ZIP MIAMI, FL 33172

TITLE D
NAME RICHARDSON, DANFORTH K K
STREET ADDRESS 1035 ST JAMES CIR
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE TS
NAME NEWMAN, PAUL A
STREET ADDRESS 21 ROYAL PALM POINTE STE 201
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE ATAS
NAME PEREZ, TOMAS R
STREET ADDRESS 2019 CORTEZ AVE
CITY-ST-ZIP VERO BEACH, FL 32960

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Tomas Rene Perez, Assistant Treasurer

Assistant Treas, April = 7th, 2008

Date

Daytime Phone #

772-567-1151