

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # P00000071970

1. Entity Name
STUART IMPORTS, INC.



Principal Place of Business
**3446 S.W. ARMELLINI AVENUE
PALM CITY, FL 34990**

Mailing Address
**3446 S.W. ARMELLINI AVENUE
PALM CITY, FL 34990**

DO NOT WRITE IN THIS SPACE



03272007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1029494	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NICHOLASON, JOHN J
3446 S.W. ARMELLINI AVENUE
PALM CITY, FL 34990**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NICHOLASON, JOHN J
STREET ADDRESS	3446 S.W. ARMELLINI AVENUE
CITY-ST-ZIP	PALM CITY, FL 34990

TITLE	D
NAME	DUSHARM, KERRY
STREET ADDRESS	3446 S.W. ARMELLINI AVENUE
CITY-ST-ZIP	PALM CITY, FL 34990

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000694760
04/17/07-80034-008 158.75

**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: *John J. Nicholson* **3/27/07** **772-287-0571**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #