


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000090832
 1. Entity Name
 STUART OPERATING CORP.



Principal Place of Business Mailing Address
 1500 PALM BEACH RD 1500 PALM BEACH RD
 STUART, FL 34994 STUART, FL 34994

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 14-1515566 Not Applicable

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

6. Name and Address of Current Registered Agent
 FICOCELLO, JOSEPH
 7300 OLEANDER AVE
 PORT ST LUCIE, FL 32952

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	GEO
NAME	HOFFMAN, SCOTT H
STREET ADDRESS	22 HOLLAND AVE
CITY-ST-ZIP	ALBANY, NY 12209
TITLE	P
NAME	FICOCELLO, JOSEPH
STREET ADDRESS	1500 PALM BEACH RD
CITY-ST-ZIP	STUART, FL 34994
TITLE	S
NAME	MEDWED, GORDON
STREET ADDRESS	1500 PALM BEACH RD
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/13/06-80014-004 150.00

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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: *Joseph Fico* 1-10-06 772 464 5911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #