


**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

**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 \_\_\_\_\_ 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 NAME STREET ADDRESS CITY-ST-ZIP	GEO HOFFMAN, SCOTT H 22 HOLLAND AVE ALBANY, NY 12209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FICOCELLO, JOSEPH 1500 PALM BEACH RD STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEDWED, GORDON 1500 PALM BEACH RD STUART, FL 34994
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100000383713  
01/13/06-80014-004 150.00

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