


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000090832

1. Entity Name
 STUART OPERATING CORP.



Principal Place of Business 1500 PALM BEACH RD STUART, FL 34994	Mailing Address 1500 PALM BEACH RD STUART, FL 34994
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 14-1515566	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2008 Fee will be \$550.00

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

000000797365
 01/29/08-80071-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *JF Joseph Linnell* Date: 1/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #