

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000090832

FILED
Jan 06, 2009
Secretary of State

Entity Name: STUART OPERATING CORP.

Current Principal Place of Business:

1500 PALM BEACH RD
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

1500 PALM BEACH RD
STUART, FL 34994

New Mailing Address:

7300 OLEANDER AVENUE
PORT ST. LUCIE, FL 34952

FEI Number: 14-1515566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FICOCELLO, JOSEPH
7300 OLEANDER AVE
PORT ST LUCIE, FL 32952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: HOFFMAN, SCOTT H
Address: 22 HOLLAND AVE
City-St-Zip: ALBANY, NY 12209

Title: P () Delete
Name: FICOCELLO, JOSEPH
Address: 1500 PALM BEACH RD
City-St-Zip: STUART, FL 34994

Title: S () Delete
Name: MEDWED, GORDON
Address: 1500 PALM BEACH RD
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HOFFMAN, SCOTT H
Address: 7300 OLEANDER AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: P (X) Change () Addition
Name: FICOCELLO, JOSEPH
Address: 7300 OLEANDER AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH FICOCELLO

P

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date