

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000090832

FILED
Jan 13, 2012
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:

1500 PALM BEACH RD
STUART, FL 34994044 US

Current Mailing Address:

7300 OLEANDER AVENUE
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 27-2116896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FICOCELLO, JOSEPH G PRES.
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

OFFICERS AND DIRECTORS:

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

Title: P
Name: FICOCELLO, JOSEPH G
Address: 7300 OLEANDER AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: S
Name: NEDWED, GORDON
Address: 1500 PALM BEACH RD
City-St-Zip: STUART, FL 34994

Title: AS
Name: BOMAN, MYRNA J
Address: 7300 OLEANDER AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: AS
Name: LYNCH, JANET M
Address: 7300 OLEANDER AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

I hereby 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 all other like empowered.

SIGNATURE: MYRNA J BOMAN

AS

01/13/2012

Electronic Signature of Signing Officer or Director

_____ Date