

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000085503

1. Entity Name
STUART SPECIALTIES, INC.



Principal Place of Business
**5280 CEDAR HAMMOCK PLACE
SARASOTA, FL 34232**

Mailing Address
**5280 CEDAR HAMMOCK PLACE
SARASOTA, FL 34232**

FILED
Apr 14, 2006 08:00 AM
Secretary of State



04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0457073	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

**STUART, DONALD L
5280 CEDAR HAMMOCK PLACE
SARASOTA, FL 34232**

**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 _____

Signature, good or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**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	PD
NAME	STUART, DUANE K
STREET ADDRESS	5280 CEDAR HAMMOCK PLACE
CITY-ST-ZIP	SARASOTA, FL 34232

TITLE	D
NAME	STUART, DONALD L
STREET ADDRESS	5280 CEDAR HAMMOCK PL
CITY-ST-ZIP	SARASOTA, FL 34232

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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04/27/06-80083-023 150.00

**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: *Donald L. Stuart* **DONALD L. STUART**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/06 *941/371-7066*
Date Date/Phone #