

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000108766

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** PED-STUART CORPORATION

**Current Principal Place of Business:**

16162 FLIGHT PATH DR  
BROOKSVILLE, FL 34609

**New Principal Place of Business:**

15351 FLIGHT PATH DRIVE  
BROOKSVILLE, FL 34604

**Current Mailing Address:**

16162 FLIGHT PATH DR  
BROOKSVILLE, FL 34609

**New Mailing Address:**

PO BOX 15550  
BROOKSVILLE, FL 34604 US

**FEI Number:** 22-2455770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALASEK, STUART  
16162 FLIGHT PATH DR  
BROOKSVILLE, FL 34609 US

**Name and Address of New Registered Agent:**

WALASEK, STUART  
15351 FLIGHT PATH DRIVE  
BROOKSVILLE, FL 34604 US

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:

04/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DVS  
Name: WALASEK, THERESA  
Address: 13029 EVERARD DRIVE  
City-St-Zip: SPRING HILL, FL 34609

Title: DPT  
Name: WALASEK, STUART  
Address: P.O. BOX 6395  
City-St-Zip: SPRING HILL, FL 34611

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: STUART WALASEK

DPT

04/21/2011

Electronic Signature of Signing Officer or Director

Date