

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000013267 1. Entity Name STUART FOODS, INC.	
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Principal Place of Business 3500 S.E. FEDERAL HWY. STUART, FL 34997	Mailing Address 3500 S.E. FEDERAL HWY. STUART, FL 34997
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DO NOT WRITE IN THIS SPACE



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0934177	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KOHLHORST, DONALD
3500 S.E. FEDERAL HWY.
STUART, FL 34997

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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

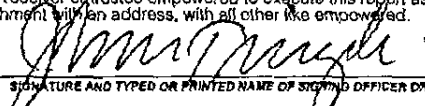
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOHLHORST, DONALD 3500 S.E. FEDERAL HWY. STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD S. JAMES TRINGALI 902 CLINT MOORE ROAD #126 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZACCAGNINI, ELEANOR 902 CLINT MOORE ROAD #126 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRINGALI, JOHN M 902 CLINT MOORE ROAD #126 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/29/06-80057-018 150.00

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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:  4/15/06 561 994-3440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #