

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000013267**



1. Entity Name  
**STUART FOODS, INC.**

Principal Place of Business  
**3500 S.E. FEDERAL HWY.  
STUART FL 34997**

Mailing Address  
**3500 S.E. FEDERAL HWY.  
STUART FL 34997**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **65-0934177**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME KOHLHORST, DONALD  
STREET ADDRESS 3500 S.E. FEDERAL HWY.  
CITY- ST- ZIP STUART FL 34997

TITLE ☐ Change ☐ Addition  
NAME **U00000705586**  
STREET ADDRESS **04/23/07-80057-016 150.00**  
CITY- ST- ZIP

TITLE VD ☐ Delete  
NAME S. JAMES TRINGALI  
STREET ADDRESS 902 CLINT MOORE ROAD #126  
CITY- ST- ZIP BOCA RATON FL 33487

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE S ☐ Delete  
NAME ZACCAGNINI, ELEANOR  
STREET ADDRESS 902 CLINT MOORE ROAD #126  
CITY- ST- ZIP BOCA RATON FL 33487

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE TD ☐ Delete  
NAME TRINGALI, JOHN M  
STREET ADDRESS 902 CLINT MOORE ROAD #126  
CITY- ST- ZIP BOCA RATON FL 33487

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*John Tringali* **JOHN TRINGALI** 4/14/07 561-9543446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #