

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000029994

**Entity Name:** SEACOAST INSURANCE SERVICES, INC.**Current Principal Place of Business:**815 COLORADO AVE  
STUART, FL 34994**Current Mailing Address:**815 COLORADO AVE  
STUART, FL 34994 US**FEI Number:** 82-5152950**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHAFFER, CHARLES M  
815 COLORADO AVE  
STUART, FL 34994 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:** CHARLES M. SHAFFER

02/17/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	SHAFFER, CHARLES M
Address	815 COLORADO AVE
City-State-Zip:	STUART FL 34994

Title	D
Name	SONEGO, MICHAEL
Address	815 COLORADO AVE
City-State-Zip:	STUART FL 34994

Title	D
Name	FEINTUCH, TODD
Address	815 COLORADO AVE
City-State-Zip:	STUART FL 34994

Title	D
Name	LOWERY, PETER
Address	815 COLORADO AVE
City-State-Zip:	STUART FL 34994

Title	D
Name	DEXTER, TRACEY
Address	815 COLORADO AVE
City-State-Zip:	STUART FL

*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:** TRACEY DEXTER

CFO

02/17/2022

Electronic Signature of Signing Officer/Director Detail

Date