

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000034398

**Entity Name:** NORTH MANATEE INSURANCE, INC.

**Current Principal Place of Business:**

1335 10TH ST E  
SUITE E  
PALMETTO, FL 34221

**Current Mailing Address:**

407 48TH ST W  
PALMETTO, FL 34221 US

**FEI Number:** 82-5209292

**Certificate of Status Desired:** No

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

SCHAUER, KHARA  
1335 10TH ST E  
SUITE E  
PALMETTO, FL 34221 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, D  
Name SCHAUER, KHARA' A  
Address 407 48TH ST W  
City-State-Zip: PALMETTO FL 34221

Title VP, D  
Name REID, MONICA L  
Address 407 48TH ST W  
City-State-Zip: PALMETTO FL 34221

Title S, D  
Name KONECY, WILLIAM C  
Address 407 48TH ST W  
City-State-Zip: PALMETTO FL 34221

*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:** KHARA' A SCHAUER

**PRESIDENT**

**01/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date