

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000082305

Entity Name: SCHOONER, INC.

FILED  
Mar 25, 2009  
Secretary of State

## Current Principal Place of Business:

9010 STRADA STELL CT  
SUITE 205  
NAPLES, FL 34109

## New Principal Place of Business:

## Current Mailing Address:

% JOY A. FELDMAN, ESQ., THE PARK ASSOC.  
280 MAIN STREET  
E. AURORA, NY 14052

## New Mailing Address:

THE PARK ASSOCIATES, INC.  
280 MAIN STREET  
E. AURORA, NY 14052

FEI Number: 16-1470140

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HIQ CORPORATE SERVICES, INC.  
1574 VILLAGE SQUARE BLVD  
SUITE 100  
TALLAHASSEE, FL 32309 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CHUR, BARBARA B  
Address: 166 DAVIS RD  
City-St-Zip: E. AURORA, NY 14652

Title: VP ( ) Delete  
Name: FELDMAN, JOY A.  
Address: 167 RUSKIN ROAD  
City-St-Zip: AMHERST, NY 14226

Title: ST ( ) Delete  
Name: CONROY, MELISSA A  
Address: 280 MAIN STREET  
City-St-Zip: EAST AURORA, NY 14052

Title: VP ( ) Delete  
Name: SMITH, JOHN  
Address: 18 KENTON PLACE  
City-St-Zip: HAMBURG, NY 14075

Title: T ( ) Delete  
Name: SMITH, JOHN E  
Address: 18 KENTON PL  
City-St-Zip: HAMBURG, NY 14075

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MELISSA A. CONROY

S

03/25/2009

Electronic Signature of Signing Officer or Director

Date