2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S53027

1. Entity Name
SCHOONER INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
7402 N. 56TH STREET SUITE 890 TAMPA, FL 33617 US	7402 N. 56TH STREET SUITE 890 TAMPA, FL 33617 US

DO NOT WRITE IN THIS SPACE

04142004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3079793	Not Applicable

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

6. Name and Address of Current Registered Agent

FRANK A. SCIMECA
27930 GREEN WILLOW RUN
WESLEY CHAPEL, FL 33544

DO NOT WRITE 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, 2004 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	SCIMECA, FRANK A.
STREET ADDRESS	27930 GREEN WILLOW RUN
CITY-ST-ZIP	WESLEY CHAPEL, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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04/20/04-80027-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Frank A. Scimeca*   4/19/04   813-980-3955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #