

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000060547

**Entity Name:** SCHRIBER INSURANCE, INC.

**Current Principal Place of Business:**

175 W PONKAN RD  
APOPKA, FL 32712

**Current Mailing Address:**

175 W PONKAN RD  
APOPKA, FL 32712 US

**FEI Number: 84-2508073**

**Certificate of Status Desired: No**

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

KELLY, EDWARD J  
110 LITTLE WEKIVA CT.  
LONGWOOD, FL 32779 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            PRESIDENT  
Name            SCHRIBER, BRAD A  
Address         175 W PONKAN RD  
City-State-Zip: APOPKA FL 32712

*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: BRAD A SCHRIBER**

**PRESIDENT**

**03/21/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date