

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S53027

**Entity Name:** SCHOONER INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

9851 SR 54  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

9851 SR 54  
NEW PORT RICHEY, FL 34655 US

**FEI Number: 59-3079793**

**Certificate of Status Desired: No**

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

FRANK A. SCIMECA  
6608 BAYBROOKS CIR  
TEMPLE TERRACE, FL 33617 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            D  
Name            SCIMECA, FRANK A.  
Address        6608 BAYBROOKS CIR  
City-State-Zip: TEMPLE TERRACE FL 33617

*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: FRANK SCIMECA**

**D**

**04/30/2024**

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

\_\_\_\_\_  
Date