

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000128679

**Entity Name:** SAFEGUARD INSURANCE PROS, INC

**Current Principal Place of Business:**

8106 US HWY 19  
PORT RICHEY, FL 34668

**Current Mailing Address:**

8106 US HWY 19  
PORT RICHEY, FL 34668 US

**FEI Number:** 90-0197053

**Certificate of Status Desired:** No

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

GASPARINI, LIVIO  
8106 US HWY 19  
PORT RICHEY, FL 34668 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            PRES  
Name            GASPARINI, LIVIO  
Address        8106 US HWY 19  
City-State-Zip: PORT RICHEY FL 34668

Title            VP  
Name            GASPARINI, MARJORIE DAWN  
Address        8106 US HWY 19  
City-State-Zip: PORT RICHEY FL 34668

*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:** LIVIO GASPARINI

**PRES**

**01/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date