

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000128679

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

**Current Principal Place of Business:**

1436 TAWNYBERRY CT  
TRINTIY, FL 34655

**Current Mailing Address:**

1436 TAWNYBERRY CT  
TRINTIY, FL 34655 US

**FEI Number:** 90-0197053

**Certificate of Status Desired:** No

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

GASPARINI, LIVIO  
1436 TAWNYBERRY CT  
TRINTIY, FL 34655 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	Title	VP
Name	GASPARINI, LIVIO	Name	GASPARINI, MARJORIE DAWN
Address	1436 TAWNYBERRY CT	Address	1436 TAWNYBERRY CT
City-State-Zip:	TRINTIY FL 34655	City-State-Zip:	TRINTIY FL 34655

*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

**PRESIDENT**

**04/19/2024**

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

\_\_\_\_\_  
Date