

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000059212

**Entity Name:** ASSURANCE SYSTEMS, INC.

**Current Principal Place of Business:**

1110 W COMMERCIAL BLVD  
FT LAUDERDALE, FL 33309

**Current Mailing Address:**

1110 W COMMERCIAL BLVD  
FT LAUDERDALE, FL 33309 US

**FEI Number:** 65-0847905

**Certificate of Status Desired:** No

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

MILLER, TRAVIS L  
301 S BRONOUGH ST  
STE 200  
TALLAHASSEE, FL 32301 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	CEO & DIRECTOR	Title	CFO/TREASURER & DIRECTOR
Name	DONAGHY, STEPHEN J	Name	WILCOX, FRANK
Address	1110 W COMMERCIAL BLVD	Address	1110 W COMMERCIAL BLVD
City-State-Zip:	FT LAUDERDALE FL 33309	City-State-Zip:	FT LAUDERDALE FL 33309

Title            SECRETARY  
Name            ROPIECKI, GARY  
Address        1110 W COMMERCIAL BLVD  
City-State-Zip: FT LAUDERDALE FL 33309

*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:** STEPHEN J. DONAGHY

**CEO**

**02/14/2024**

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

\_\_\_\_\_  
Date