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: SHERRY A. HUNT

City-State-Zip: WAUCHULA FL 33873

Electronic Signature of Signing Officer/Director Detail

528 W MAIN ST WAUCHULA, FL 33873

Entity Name: SAFEGUARD SECURITY, INC.

**Current Principal Place of Business:** 

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# **Current Mailing Address:**

DOCUMENT# K01888

528 W MAIN ST P.O. BOX 2048 WAUCHULA, FL 33873 US

# FEI Number: 65-0036487

# Name and Address of Current Registered Agent:

HUNT, KENNETH MMR. 528 W MAIN ST WAUCHULA, FL 33873 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

# **Officer/Director Detail :**

Title	DP	Title	DVT
Name	HUNT, KENNETH MMR.	Name	HUNT, SHERRY AMRS.
Address	1788 DOYLE CARLTON ROAD	Address	1788 DOYLE CARLTON ROAD
City-State-Zip:	WAUCHULA FL 33873	City-State-Zip:	WAUCHULA FL 33873
Title	S		
Name	HUNT, SHERRY AMRS.		
Address	1788 DOYLE CARLTON ROAD		

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

VICE PRESIDENT

Certificate of Status Desired: No

Date

01/26/2022

Date