

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001943

Entity Name: PROGUARD WARRANTY INC.**Current Principal Place of Business:**407 MCALPINE STREET
AVOCA, PA 18641**Current Mailing Address:**407 MCALPINE STREET
AVOCA, PA 18641 US**FEI Number:** 45-3592010**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR.
SUITE A
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 DIRECTOR, PRESIDENT
Name LIMONGELLI, DOMINIC
Address 407 MCALPINE STREET
City-State-Zip: AVOCA PA 18641Title DIRECTOR, VP
Name LIMONGELLI, DANIEL JR.
Address 407 MCALPINE STREET
City-State-Zip: AVOCA PA 18641Title DIRECTOR, SECRETARY
Name LIMONGELLI, DEAN
Address 407 MCALPINE STREET
City-State-Zip: AVOCA PA 18641Title DIRECTOR, TREASURER
Name LIMONGELLI, DANIEL SR.
Address 407 MCALPINE STREET
City-State-Zip: AVOCA PA 18641Title DIRECTOR, CEO
Name LIMONGELLI, JOSEPH
Address 407 MCALPINE STREET
City-State-Zip: AVOCA PA 18641

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: LIMONGELLI , DOMINIC

DIRECTOR, PRESIDENT

04/22/2020

Electronic Signature of Signing Officer/Director Detail_____
Date