

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000136089

Entity Name: B C & D LIMITED, INC.

FILED
Jan 31, 2007
Secretary of State

Current Principal Place of Business:

2517 SANTA BARBARA BLVD
SUITE 11
CAPE CORAL, FL 33914

Current Mailing Address:

2517 SANTA BARBARA BLVD
SUITE 11
CAPE CORAL, FL 33914

New Principal Place of Business:

2517 SANTA BARBARA BLVD.
SUITE 11
CAPE CORAL, FL 33914

New Mailing Address:

2517 SANTA BARBARA BLVD.
SUITE 11
CAPE CORAL, FL 33904

FEI Number: 20-5795848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARROW, PAUL L
3501 DEL PRADO BLVD
SUITE 312
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

CCAS CORP.
3501 DEL PRADO BLVD
SUITE 312
CAPE CORAL, FL 33904 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: PAUL LARROW

01/31/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D,P () Delete
Name: TEAGUE, GEORGE
Address: 2517-11 SANTA BARBARA BLVD
City-St-Zip: CAPE CORAL, FL 33914 US

Title: D,VP () Delete
Name: BROYLES, LONNIE L
Address: 2517-11 SANTA BARBARA BLVD
City-St-Zip: CAPE CORAL, FL 33914 US

Title: T () Delete
Name: PEPIN, CORRIE
Address: 2503-500 DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33904 US

Title: S (X) Delete
Name: LARROW, PAUL L
Address: 3501-312 DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33904 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change () Addition
Name: BROYLES, LONNIE L
Address: 2517-11 SANTA BARBARA BLVD.
City-St-Zip: CAPE CORAL, FL 33914 US

Title: DT (X) Change () Addition
Name: PEPIN, CORRIE
Address: 2517-11 SANTA BARBARA BLVD.
City-St-Zip: CAPE CORAL, FL 33914 US

Title: DS (X) Change () Addition
Name: LARROW, PAUL L
Address: 3501-312 DEL PRADO BLVD.
City-St-Zip: CAPE CORAL, FL 33904 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL LARROW

S

01/31/2007

Electronic Signature of Signing Officer or Director

Date