

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000071523

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: BC & D INSURANCE SPECIALIST INC.

**Current Principal Place of Business:**

5561 W OAKLAND PARK BLVD  
LAUDERHILL, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 190327  
LAUDERHILL, FL 33319

**New Mailing Address:**

FEI Number: 26-2441094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WASHINGTON, HYACINTH M  
20873 NW 1ST STREET  
PEMBROKE PINES, FL 33029 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: WASHINGTON, HYACINTH M  
Address: 20873 NW 1ST STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T ( ) Delete  
Name: THOMAS, MICHAEL H  
Address: 215 LAKE POINTE DRIVE #207  
City-St-Zip: OAKLAND PARK, FL 33309

Title: S ( ) Delete  
Name: THOMAS, CARLA O  
Address: 9898 GALLEON DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33411

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: HYACINTH M. WASHINGTON

P

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date