

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000071523

**FILED**  
**Apr 19, 2011**  
**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:**

4725 NORTH UNIVERSITY DRIVE  
LAUDERHILL, FL 33351

**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:**

CAMPBELL-DRUMMOND, COLLEEN  
5561 W OAKLAND PARK BLVD  
LAUDERHILL, FL 33313 US

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

CAMPBELL-DRUMMOND, COLLEEN  
4725 NORTH UNIVERSITY DRIVE  
LAUDERHILL, FL 33351 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:** COLLEEN DRUMMOND

04/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PCEO  
**Name:** CAMPBELL-DRUMMOND, COLLEEN  
**Address:** 3322 SCHEFFLERA RD  
**City-St-Zip:** TAMPA, FL 33618

**Title:** VP  
**Name:** DRUMMOND, DENNIS  
**Address:** 3322 SCHEFFLERA RD  
**City-St-Zip:** TAMPA, FL 33618

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:** COLLEEN DRUMMOND

PRES

04/19/2011

Electronic Signature of Signing Officer or Director

Date