

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000027431

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** INSURANCE SPECIALISTS, INC.

**Current Principal Place of Business:**

18714 CAPE SABLE DRIVE  
BOCA RATON, FL 33498

**New Principal Place of Business:**

**Current Mailing Address:**

18714 CAPE SABLE DRIVE  
BOCA RATON, FL 33498

**New Mailing Address:**

**FEI Number:** 65-0907291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHENKMAN & NEWMAN, PA  
12515 NORTH KENDALL DRIVE  
SUITE 314  
MIAMI,, FL 33186 US

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

SHEEHAN, HOPE  
18714 CAPE SABLE DRIVE  
BOCA RATON, FL 33498 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: HOPE SHEEHAN

01/12/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: SHEEHAN, HOPE  
Address: 18714 CAPE SABLE DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: TRES  
Name: SHEEHAN, JEFFREY P  
Address: 18714 CAPE SABLE DRIVE  
City-St-Zip: BOCA RATON, FL 33498

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: HOPE SHEEHAN

PRES

01/12/2010

Electronic Signature of Signing Officer or Director

Date