

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000083510

Entity Name: BISHOP BUILDERS INC

FILED
Aug 21, 2009
Secretary of State

Current Principal Place of Business:

3205 COREY RD
MALABAR, FL 32950

New Principal Place of Business:

Current Mailing Address:

3205 COREY ROAD
MALABAR, FL 32950

New Mailing Address:

FEI Number: 01-0738702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATHY, BISHOP
3205 COREY RD
MALABAR, FL 32950 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BISHOP, SCOTT
Address: 3205 COREY RD
City-St-Zip: MALABAR, FL 32950

Title: S () Delete
Name: TWISS, CURTIS
Address: 630 BLUEFIELDS
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: HENDRICKSON, JIMMY
Address: 423 TRIER ROAD
City-St-Zip: PALMBAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: LOSCH, RODNEY
Address: 214 GREENWAY AVE
City-St-Zip: PALM BAY, FL 32907

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: SCOTT BISHOP

PRES

08/21/2009

Electronic Signature of Signing Officer or Director

Date