

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90027 011 ***150.00

DOCUMENT # P05000031190 1. Entity Name BISHOP HOME CARE, INC.					
Principal Place of Business 1591 LANE AVENUE S., #113T JACKSONVILLE, FL 32210			Mailing Address 1627 E 8TH STREET JACKSONVILLE, FL 32206		
2. Principal Place of Business - No P.O. Box # 1627 E 8th Street Suite, Apt. #, etc.		3. Mailing Address 1591 Lane Avenue S Suite, Apt. #, etc. 113T			
City & State Jacksonville, FL Zip 32206		City & State Jacksonville, FL Zip 32210		4. FEI Number 20-25999329 59-2905994	
Country Duval		Country Duval		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BISHOP, ARTHUR 1591 LANE AVENUE S., #113T JACKSONVILLE, FL 32210			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BISHOP, ARTHUR 1591 LANE AVENUE S., #113T JACKSONVILLE, FL 32210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arthur Bishop 1591 Lane Ave S. #113T Jacksonville, FL 32210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C Mary R McGee 1591 Lane Ave S. #113T Jacksonville, FL 32210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M/vp George McGee JR 1591 Lane Ave S. #113T Jacksonville, FL 32210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Latha M Bishop 1591 Lane Ave S. #113T Jacksonville, FL 32210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE Arthur Bishop SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4-9-08 Daytime Phone # 904.697.6307		