

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


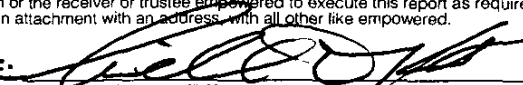
**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90159 011 \*\*\*158.75

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04262006 Chg-P CR2E034 (11/05)

|  |                          |                                 |   |   |  |
|--|--------------------------|---------------------------------|---|---|--|
| <b>DOCUMENT # 250885</b>   |                          |                                 |   |  |  |
| 1. Entity Name<br><b>WILLIAM F. BISHOP AND ASSOCIATES, INC.</b>  |                          |                                 |   |   |  |
| Principal Place of Business<br><b>78 SARASOTA CENTER BLVD.<br/>SARASOTA, FL 34240 US</b>   |                          |                                 | Mailing Address<br><b>78 SARASOTA CENTER BLVD.<br/>SARASOTA, FL 34240 US</b>  |   |  |
| 2. Principal Place of Business   |                          |                                 | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |                          |                                 | Suite, Apt. #, etc.   |   |  |
| City & State   |                          |                                 | City & State  |   |  |
| Zip  | Country                  | Zip                             | Country   | 4. FEI Number<br><b>59-0935836</b>  |  |
|  |                          |                                 |   | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |                          |                                 |   |   |  |
| 6. Name and Address of Current Registered Agent  |                          |                                 | 7. Name and Address of New Registered Agent   |   |  |
| <b>SAVITZ, EDWARD O ESQ<br/>220 S. FRANKLIN STREET<br/>TAMPA, FL 33602</b>   |                          |                                 | 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 <u><b>Edward O. Savitz, Esq.</b></u> <span style="float:right">April 27, 2006</span>   |                          |                                 |   |   |  |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                          |                                 |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |                          |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |  |
| 10. OFFICERS AND DIRECTORS   |                          |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE  | V                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | SPURGE II, WARREN H      |                                 | NAME  |   |  |
| STREET ADDRESS   | 78 SARASOTA CENTER BLVD. |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | SARASOTA, FL 34240       |                                 | CITY-ST-ZIP   |   |  |
| TITLE  | VD                       | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | HOOVER, DENNIS R         |                                 | NAME  |   |  |
| STREET ADDRESS   | 78 SARASOTA CENTER BLVD  |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | SARASOTA, FL 34240       |                                 | CITY-ST-ZIP   |   |  |
| TITLE  | VD                       | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | ADLER, MARK A            |                                 | NAME  |   |  |
| STREET ADDRESS   | 78 SARASOTA CENTER BLVD  |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | SARASOTA, FL 34240       |                                 | CITY-ST-ZIP   |   |  |
| TITLE  | TD                       | <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| NAME   | KENT, WILLIAM D          |                                 | NAME  |   |  |
| STREET ADDRESS   | 78 SARASOTA CTR. BLVD.   |                                 | STREET ADDRESS  | <b>299 Dr. Martin Luther King Jr. St. N</b>                                       |  |
| CITY-ST-ZIP  | SARASOTA, FL 34240       |                                 | CITY-ST-ZIP   | <b>St. Petersburg, FL 33701</b>   |  |
| TITLE  | PD                       | <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| NAME   | LEWIS, KENT H            |                                 | NAME  |   |  |
| STREET ADDRESS   | 78 SARASOTA CENTER BLVD  |                                 | STREET ADDRESS  | <b>299 Dr. Martin Luther King Jr. St. N</b>                                       |  |
| CITY-ST-ZIP  | SARASOTA, FL 34240       |                                 | CITY-ST-ZIP   | <b>St. Petersburg, FL 33701</b>   |  |
| TITLE  | SD                       | <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| NAME   | LOTT, MARTIN T           |                                 | NAME  |   |  |
| STREET ADDRESS   | 78 SARASOTA CENTER BLVD  |                                 | STREET ADDRESS  | <b>299 Dr. Martin Luther King Jr. St. N.</b>                                      |  |
| CITY-ST-ZIP  | SARASOTA, FL 34240       |                                 | CITY-ST-ZIP   | <b>St. Petersburg, FL 33701</b>   |  |
| 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:    |                          |                                 | 427.06  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                          |                                 | Date Daytime Phone #  |   |  |

ATTACHMENT

40068716  
#250885

ADDITIONS TO OFFICERS AND DIRECTORS IN 11:

Title: VD

Name: John Steinway

Street Address: 299 Dr. Martin Luther King Jr. St. N.

City – St – Zip: St. Petersburg, FL 33701