

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 392263**

1. Entity Name  
**DONALD F. BISHOP, INC.**



Principal Place of Business

125 E INDIANA AVE B  
P O BOX 1870  
DELAND, FL 32721-1870 US

Mailing Address

125 E INDIANA AVE B  
P O BOX 1870  
DELAND, FL 32721-1870 US



02072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1369058**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PETERSON, J. DANIEL  
125 E INDIANA AVE  
SUITE B  
DELAND, FL 32724

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BISHOP, EDNA G. 504 EMPORIA RD PIERSON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS PETERSON, J. DANIEL 125 E INDIANA AVE SUITE B DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BISHOP, DONALD F. II 504 EMPORIA RD PIERSON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000252716  
03/07/05-80006-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald F Bishop Vice President

3/4/05

Date

3867494155

Daytime Phone #