


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90001 009 ***150.00

DOCUMENT # 439862 1. Entity Name WILLIAM M. BISHOP CONSULTING ENGINEERS, INC.					
Principal Place of Business 715 NORTH CALHOUN STREET PO BOX 3407 TALLHASSEE, FL 32303 US			Mailing Address 715 NORTH CALHOUN STREET PO BOX 3407 TALLHASSEE, FL 32315		
2. Principal Place of Business 3800 Esplanade way		3. Mailing Address P.O. Box 3407			
Suite, Apt. #, etc. 150		Suite, Apt. #, etc.			
City & State Tallahassee FL		City & State Tallahassee FL		4. FEI Number 59-1499918	
Zip 32311		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURPHY, MICHAEL P PE 715 N CALHOUN ST TALLHASSEE, FL 32303		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 3800 Esplanade way, Suite 150 City Tallahassee FL Zip Code 32311			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MURPHY, MICHAEL P PE 715 N. CALHOUN STRET TALLHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RAYBOUN, CAROLYN S 715 N. CALHOUN ST. TALLHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Michael P. Murphy</i>		1/14/05		850-222-0539	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	