

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 07, 2004 08:00 AM**

**Secretary of State**

**DOCUMENT # 492189**

1. Entity Name  
**BISHOP WOODS, INC.**



Principal Place of Business

1418 GA. HWY 133 S.  
MOULTRIE, GA 31768

Mailing Address

P.O. BOX 803  
MOULTRIE, GA 31776

**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1633760**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

QUIGG, JESSE  
859 OAK PARK RD  
SOPCHOPPY, FL 32358

**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, 2004 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  
VSD  
BISHOP, RONALD N. SR.  
466 SUMNER RD  
MOULTRIE, GA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
BISHOP, SANDRA  
216 HORSESHOE DR  
MOULTRIE, GA 31788

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

**DO NOT WRITE  
IN THIS SPACE**

000000040712  
02/03/04-B0059-004 158.75

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.

**Sandra D. Bishop, President**

SIGNATURE:

*Sandra D. Bishop*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/5/04*  
Date

*229-890-1044*  
Daytime Phone #

**PAID**