


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90044 022 ***158.75

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		
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 59-1633760	
5. Certificate of Status Desired XX				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent QUIGG, JESSE 859 OAK PARK RD SOPCHOPPY, FL 32358				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 renouncing) <small>Signature, typed or printed name of registered agent and title if applicable.</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	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BISHOP, RONALD N. SR.		NAME		
STREET ADDRESS	466 SUMNER RD		STREET ADDRESS		
CITY-ST-ZIP	MOULTRIE, GA		CITY-ST-ZIP		
TITLE	PTD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BISHOP, SANDRA		NAME	PTD	
STREET ADDRESS	216 HORSESHOE DR		STREET ADDRESS	Bishop, Norris	
CITY-ST-ZIP	MOULTRIE, GA 31788		CITY-ST-ZIP	466 Sumner Rd.	
TITLE	<input type="checkbox"/> Delete		TITLE	Moultrie, GA 31776	
NAME			NAME	Director	
STREET ADDRESS			STREET ADDRESS	Marvin L. Bishop, Sr.	
CITY-ST-ZIP			CITY-ST-ZIP	216 Horseshoe DR	
TITLE	<input type="checkbox"/> Delete		TITLE	Moultrie, GA 31788	
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: Norris Bishop			2/8/05 229-890-1044		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		