## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # F59100** 

Entity Name

THE BISHOP LAW FIRM, P.A.



FILED Jan 14, 2008 08:00 A Secretary of State

Principal Place of Business

C/O CONRAD C. BISHOP, IR. 411 N. WASHINGTON ST. - P.O. BOX 167 PERRY, FL 32347 Mailing Address

C/O CONRAD C. BISHOP, JR. 411 N. WASHINGTON ST. - P.O. BOX 167 PERRY, FL 32347



## DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 59-2140940 Not Applicable

5. Cartificate of Status Desired Sa.75 Additional

5. Certificate of Status Desired

\$8.75 Additiona Fee Required

6. Name and Address of Current Registered Agent

BISHOP, CONRAD C. JR. 411 NORTH WASHINGTON STREET PERRY, FL 32347

## DO NOT WRITE IN THIS SPACE

the above named entity submits this statement for the put the obligations of registered agent.	urpose or changing its registered	office of registe	red agent, or bot	h. In the State of Florida. I am familia	ir with, and accept
SIGNATURESgnature, typed or printed name of registered agent and little if	soulouble /MOTE Conistered &	gent signature require	dubor receittan	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Financin     Trust Fund Contribution.	ing <b>\$5</b>	.00 May Be	DATE	
10. OFFICERS AND DIRECT	TORS			,	
TITLE PD  NAME BISHOP, CONRAD C. JR.  STREET ADDRESS 411 N. WASHINGTON ST.  CITY-ST-ZIP PERRY, FL				U00000784090 01/16/08-80040-020	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					. ;
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	}		IN 1	THIS SPACE	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this fill			· · · · · · · · · · · · · · · · · · ·		

12. Thereby 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.

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GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OnRADC-Bishop. JR

11/1/18

850-584-6113