

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90002 023 ***150.00

DOCUMENT # F94000001604

1. Entity Name

BISHOPS SERVICES INCORPORATED



Principal Place of Business
20283 STATE ROAD 7
SUITE 400
BOCA RATON FL 33498

Mailing Address
20283 STATE ROAD 7
SUITE 400
BOCA RATON FL 33498

54024828



MOORE CR2E034 (11/03)

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

13-3408282

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGLYNN, JOHN A

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**Bishops Services Inc.
20283 State Rd 7, Suite 400
Boca Raton, FL 33498**

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

John A. McGlynn Chairman CEO

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD - CHAIRMAN** ☐ Delete
NAME **MCGLYNN, JOHN A**
STREET ADDRESS **6123 BALBOA CIRCLE, UNIT 105**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **SHARON B. MCGLYNN** ☐ Change ☒ Addition
NAME **(SECRETARY-TREASURER)**
STREET ADDRESS **6208 PETALUMA DRIVE**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **PD** ☐ Delete
NAME **FLATLEY, T K**
STREET ADDRESS **215 W. 91ST ST.**
CITY-ST-ZIP **NEW YORK NY 10024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CORSON, LYNN**
STREET ADDRESS **86 VICTORIA DR**
CITY-ST-ZIP **HILTON HEAD ISLAND SC 29926**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SEITS, KEVIN**
STREET ADDRESS **P O BOX 1071 N/A**
CITY-ST-ZIP **ALTINA FL 32702**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GANDOLFO JR, VINCENT J**
STREET ADDRESS **62 LISDALL RD**
CITY-ST-ZIP **SCARSDALE NY 10583**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P/D** ☐ Delete
NAME **MARIANNE O'NEEFE**
STREET ADDRESS **361 SC ANNOUNDAIVE**
CITY-ST-ZIP **ORAN PARK CA 91351**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
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:

John A. McGlynn JOHN A MCGLYNN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/04

Date

561 237 4242

Daytime Phone #