

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90167 032 ***158.75

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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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

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
BISHOPS SERVICES INC.
2300 GLADES ROAD, #312 W
BOCA RATON FL 33431

Name: **SHARON B. MCGLYNN**
Street Address (P.O. Box Number is Not Acceptable)
20283 STATE ROAD 7 SUITE 400
City **BOCA RATON** FL Zip Code **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 Sharon B. McGlynn **SHARON B. MCGLYNN, CST March 1, 2005**
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CST	<input type="checkbox"/> Delete
NAME	MCGLYNN, SHARON B	
STREET ADDRESS	6208 PETALUINA DR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLATLEY, T K	
STREET ADDRESS	215 W. 91ST ST.	
CITY-ST-ZIP	NEW YORK NY 10024	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORSON, LYNN	
STREET ADDRESS	86 VICTORIA DR	
CITY-ST-ZIP	HILTON HEAD ISLAND SC 29926	
TITLE	DP	<input type="checkbox"/> Delete
NAME	O'KEEFE, MARIANNE	
STREET ADDRESS	361 SCANNO DRIVE	
CITY-ST-ZIP	OAK PARK CA 91377	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FOX, JOHN	
STREET ADDRESS	11 THAYER PLACE	
CITY-ST-ZIP	STATE ISLAND NY 10306	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	O'KEEFE, MARIANNE	
STREET ADDRESS	361-SC-ANNO DRIVE	
CITY-ST-ZIP	OAK PARK CA 91377	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	This is a duplication "PD" & "DP"
CITY-ST-ZIP	361 SCANNO DRIVE

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: Sharon B. McGlynn **SHARON B. MCGLYNN, CST 3-1-05 561-837-4242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #