2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001604

Entity Name: BISHOPS SERVICES INCORPORATED

FILED Mar 14, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
SUITE 400	TE ROAD 7	8			
Current Mailing Address:			New Mailir	New Mailing Address:	
SUITE 400	TE ROAD 7	8			
FEI Number:	13-3408282	FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
20283 STA STE 400 BOCA RAT	ΓON, FL 3349	8 US			
	named entity of Florida.	submits this statement for the pur	pose of changing it	ts registered office or registered agent, or both,	
SIGNATUF					
	Electro	nic Signature of Registered Agent		Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS	S AND DIREC	TORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CST (MCGLYNN, SH 6208 PETALUN BOCA RATON,	/IA DR	Title: Name: Address: City-St-Zip:	C (X) Change () Addition MCGLYNN, SHARON B 6208 PETALUMA DR BOCA RATON, FL 33433	
Title: Name: Address: City-St-Zip:	D (GANDOLFO, V 62 TISDALL RO SCARSDALE, I	DAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CORSON, LYN 86 VICTORIA I		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP (O'KEEFE, MAF 361 SCANNO I OAK PARK, CA	DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP (FOX, JOHN 11 THAYER PL STATE ISLAND		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	ST () Change (X) Addition GURDIAN, DAWN M 9400 RICHMOND CIRCLE BOCA RATON, FL 33434	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON B MC GLYNN C 03/14/2008