

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H35482**

1. Entity Name  
**BISHOP REALTY OF NAPLES, INC.**



Principal Place of Business

5051 CASTELLO DR  
SUITE 30  
NAPLES, FL 34103 US

Mailing Address

5051 CASTELLO DR  
SUITE 30  
NAPLES, FL 34103 US

**DO NOT WRITE IN THIS SPACE**



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2498253**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FACCONE, GEORGE  
5051 CASTELLO DR  
SUITE 30  
NAPLES, FL 34103

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	TMD
NAME	FACCONE, GEORGE
STREET ADDRESS	5051 CASTELLO DR #30
CITY - ST - ZIP	NAPLES, FL
TITLE	VSD
NAME	FACCONE, RITA
STREET ADDRESS	5051 CASTELLO DR.,#30
CITY - ST - ZIP	NAPLES, FL
TITLE	PD
NAME	FACCONE, JOSEPH
STREET ADDRESS	5051 CASTELLO DR #30
CITY - ST - ZIP	NAPLES, FL
TITLE	D
NAME	FACCONE, MICHAEL
STREET ADDRESS	5051 CASTELLO DR #30
CITY - ST - ZIP	NAPLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/25/05-80124-001 300.00

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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:** George Faccone 4/13/05 (239) 263-8818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #