

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90152 049 ***300.00

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**

50009076



03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TMD
FACCONE, GEORGE
5051 CASTELLO DR #30
NAPLES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
FACCONE, RITA
5051 CASTELLO DR.,#30
NAPLES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FACCONE, JOSEPH
5051 CASTELLO DR #30
NAPLES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FACCONE, MICHAEL
5051 CASTELLO DR #30
NAPLES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

George Faccone **George FACCONE** 3/30/06 239-263-8818