

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 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



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2498253

Applies 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, 2007 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

000000728789
05/08/07-80014-002 300.00

**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

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George Faccone **George FACCONE** 4/23/07 239.263.1818