


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H35482</b> 1. Entity Name BISHOP REALTY OF NAPLES, INC.	
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Principal Place of Business 5051 CASTELLO DR SUITE 30 NAPLES, FL 34103 US	Mailing Address 5051 CASTELLO DR SUITE 30 NAPLES, FL 34103 US
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04212008 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 <input type="checkbox"/>	\$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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**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, 2008 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	

U00000931063  
05/21/08-80136-003 300.00

**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:**  **Joseph Faccione** **4/24/08** **239-263-8818**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #