

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # H35482 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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DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)

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

**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 _____ (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	

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