2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# H35482

Entity Name: BISHOP REALTY OF NAPLES, INC.

Current Principal Place of Business:

5051 CASTELLO DR
SUITE 30
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

5051 CASTELLO DR
SUITE 30
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-2498253 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TMD ( ) Delete
Name: FACCONE, GEORGE
Address: 5051 CASTELLO DR #30
City-St-Zip: NAPLES, FL

Title: VSD (X) Delete
Name: FACCONE, RITA
Address: 5051 CASTELLO DR.,#30
City-St-Zip: NAPLES, FL

Title: PD ( ) Delete
Name: FACCONE, JOSEPH
Address: 5051 CASTELLO DR #30
City-St-Zip: NAPLES, FL

Title: D ( ) Delete
Name: FACCONE, MICHAEL
Address: 5051 CASTELLO DR #30
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change ( ) Addition
Name: FACCONE, MICHAEL
Address: 5051 CASTELLO DR #30
City-St-Zip: NAPLES, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH FACCONE MR. 04/23/2009

Electronic Signature of Signing Officer or Director — Date