

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR -1 AM 11:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # K67597
1. Entity Name
BISHOP'S ALUMINUM SERVICE, INC.

Principal Place of Business: 4638 ASHTON RD, SARASOTA, FL 34233
Mailing Address: 4638 ASHTON RD, SARASOTA, FL 34233

DO NOT WRITE IN THIS SPACE



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0104466
Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MAGLICH, DAVID S ESQ
1515 RINGLING BLVD STE 1000
SUITE 1110
SARASOTA, FL 34236

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BISHOP, JAMES R., JR.
STREET ADDRESS	8322 FLAGSTAFF WAY
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	D
NAME	TROYER, KEITH
STREET ADDRESS	1030 WAGON WHEEL DRIVE
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Date: 3-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR