2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000065779

BISHOP GENERAL CONTRACTING, INC.



FILED Apr 13, 2007 08:00 AM Secretary of State

Principal Place of Business

12577 SW KINGSWAY CR ARCADIA, FL 34269

Mailing Address

12577 SW KINGSWAY CR ARCADIA, FL 34269



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04102007 No Chg-P CR2E034 (11/05)

	00-000000	 	 	\$0.7		Additional
	59-3659803				Г	Not Applicable
4.	FEI Number				l	Applied For

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

BISHOP, LISA 12577 SW KINGSWAY CIRCLE LAKE SUZY, FL 34269

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and tible	of applicable. (NOTE: Registered	d Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
ITILE NAME STREET ADDRESS CITY-SI-ZIP	D BISHOP, BRAD 12577 SW KINGSWAY CR LAKE SUZY, FL 34269				U00000704425

TIFLE BISHOP, LISA NAME STREET ADDRESS 12577 SW KINGSWAY CR CITY-ST-ZIP LAKE SUZY, FL 34269 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 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS