


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000021130**  
 1. Entity Name  
 F. JAMES BISCHOFF, P.A.



Principal Place of Business  
 447 THIRD AVE N  
 400  
 SAINT PETERSBURG, FL 33701

Mailing Address  
 PO BOX 16088  
 ST PETERSBURG, FL 33733



06292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3703250

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 BISCHOFF, F JAMES  
 447 3RD AVE N  
 STE 400  
 SAINT PETERSBURG, FL 33701

**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 \_\_\_\_\_ DATE \_\_\_\_\_

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

UD0000373817  
 07/20/05-80007-016 150.00

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|                 |                      |
|-----------------|----------------------|
| TITLE           | P                    |
| NAME            | BISCHOFF, F JAMES    |
| STREET ADDRESS  | 1979 WHITNEY WAY     |
| CITY - ST - ZIP | CLEARWATER, FL 33760 |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
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| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |

**DO NOT WRITE IN THIS SPACE**

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: F. James Bischoff Date: 7-15-05 Daytime Phone #: (427) 821-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR