


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000064166
 1. Entity Name
 BISHOP FURNITURE REFINISHING AND REPAIR, INC.



Principal Place of Business Mailing Address
 5624 DEWEY ST. 5624 DEWEY ST.
 HOLLYWOOD, FL 33032 HOLLYWOOD, FL 33032

DO NOT WRITE IN THIS SPACE



08232005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0769041 Not Applicable

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

6. Name and Address of Current Registered Agent
 CAMPBELL, VINTON
 5624 DEWEY ST.
 HOLLYWOOD, FL 33032

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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 \$10 if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	PO CAMPBELL, VINTON 8305 NW 80 PLACE TAMARAC, FL 33319
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 09/07/05-80017-021 150.00

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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: Vinton Campbell 08-26-05 954 962 0028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #