2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE:** 

## Mar 29, 2006 8:00 am Secretary of State DOCUMENT # P01000109936 1. Entity Name 03-29-2006 90137 015 \*\*\*158.75 BISHOP RANCH, INC. Principal Place of Business Mailing Address 3337-EVERGREEN AD 3337 WHITE OAK RD LORIDA FL 33857 LORIDA FL 33857 2000 Bishor Dairy Rd Loneda FC 33857 2. Principal Place of Business 3. Mailing Address 2600 Bishor Dairi 519 Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For 65-1154716 Dudu Not Applicable <sup>୵</sup>୬୫**୮**୮ \$8.75 Additional 5. Certificate of Status Desired Highlands 3*385*^ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BISHOP, DIANE G 3337 WHITE OAK ROAD Street Address (P.O. Box Number is Not Acceptable) LORIDA FL 33857 Zip Code 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, Weane & Bus hop FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD ☐ Delete TITLE Change ☐ Addition NAME BISHOP, DONALD L NAME STREET ADDRESS BISHOP DAIRY RD STREET ADDRESS LORIDA FL 33857 CITY-ST-ZIP CITY-ST-ZIP TITLE ۷D Defete TITLE ☐ Channe ■ Addition NAME BISHOP, DIANE G NAME STREET ADDRESS BISHOP DAIRY RD STREET ADDRESS CITY-ST-ZIP LORIDA FL 33857 CITY-ST-7IF TITLE SD ☐ Delete TITLE Change Addition NAME NAME BISHOP, ROLAND C STREET ADDRESS BISHOP DAIRY RD STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP LORIDA FL 33857 TD TITLE ☐ Delete Change ■ Addition BISHOP, ROLAND C NAME NAME BISHOP DAIRY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LORIDA FL 33857 CITY-ST-ZIP ASDT TITLE Delete TITLE Addition ☐ Change BISHOP, DIANE G NAME NAME 3337 EVERGEEN RD STREET ADDRESS STREET ADDRESS LORIDA FL 33857 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 affect 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.

FILED