

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000083510

Entity Name: BISHOP BUILDERS INC

**FILED**  
**Sep 07, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

P.O. BOX 100588  
MALABAR, FL 32950

**New Principal Place of Business:**

3205 COREY RD  
MALABAR, FL 32950

**Current Mailing Address:**

P.O. BOX 100588  
MALABAR, FL 32950

**New Mailing Address:**

P.O. BOX 500188  
MALABAR, FL 32950

FEI Number: 01-0738702

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KATHY, BISHOP  
3205 COREY RD  
MALABAR, FL 32950 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BISHOP, SCOTT  
Address: 1619 ZAFFER ST  
City-St-Zip: PALM BAY, FL 32907

Title: D ( ) Delete  
Name: HENDRICKSON, JAMES  
Address: 423 TRIER RD NW  
City-St-Zip: PALM BAY, FL 32907

Title: D ( ) Delete  
Name: TWISS, CURTIS  
Address: 630 BLUEFIELDS  
City-St-Zip: PALM BAY, FL 32907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BISHOP, SCOTT  
Address: 3205 COREY RD  
City-St-Zip: MALABAR, FL 32950

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT BISHOP

PD

09/07/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date