


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # P02000105226</b><br>1. Entity Name<br>BISHOP SUPPLY, INC. |  |
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| Principal Place of Business<br>2420 GAMEFARM RD<br>PANAMA CITY, FL 32405 | Mailing Address<br>2420 GAMEFARM RD<br>PANAMA CITY, FL 32405 |
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01122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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| 4. FEI Number<br>01-0747523  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

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| 6. Name and Address of Current Registered Agent<br><br>BISHOP, RICHARD R<br>1228 DUNDEE LANE<br>LYNN HAVEN, FL 32444 |
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| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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|---|--|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |  |
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| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>BISHOP, RICHARD R<br>1228 DUNDEE LANE<br>LYNN HAVEN, FL 32444 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>BISHOP, KAREN A<br>1228 DUNDEE LANE<br>LYNN HAVEN, FL 32444  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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| <p>000000004785<br/>01/15/04-80026-012 150.00</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
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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:** Richard Bishop 01/13/2004 (850) 215-4090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #