


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90321 009 ***158.75

DOCUMENT # P03000137500 1. Entity Name BISHOP FLOORING INC.			
Principal Place of Business 868 LONG LAKE DRIVE JACKSONVILLE, FL 32225 US		Mailing Address 868 LONG LAKE DRIVE JACKSONVILLE, FL 32225 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 6221 Stetler Drive		Suite, Apt. #, etc. 6221 Stetler Drive	
City & State Jacksonville Florida		City & State Jacksonville Florida	
Zip 32216	Country US	Zip 32216	Country US
4. FEI Number 412116488		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BISHOP, THERESA L 868 LONG LAKE DRIVE JACKSONVILLE, FL 32225		7. Name and Address of New Registered Agent Name Bishop, Theresa L Street Address (P.O. Box Number is Not Acceptable) 6221 Stetler Drive City Jacksonville FL 32216	
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 <u><i>Theresa Bishop</i></u> DATE <u>4.10.04</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BISHOP, BLAINE L JR. 868 LONG LAKE DRIVE JACKSONVILLE, FL 32225	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bishop, Blaine L. Jr. 6221 Stetler Drive Jacksonville, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 fees empowered.			
SIGNATURE: <u><i>Blaine L. Jr. Bishop</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-10-04 (904)</u> Daytime Phone # <u>716-5086</u>	