

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 20, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P03000150653**

**1. Entity Name  
BISHOP CARPENTER & ASSOCIATES, INC.**



**Principal Place of Business  
4445 KNOXVILLE AVENUE  
COCOA, FL 32926**

**Mailing Address  
P.O. BOX 1162  
SHARPES, FL 32959**



04132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
20-0494345**

**Applied For  
Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**CARPENTER, GEORGE  
4445 KNOXVILLE AVENUE  
COCOA, FL 32926**

**DO NOT WRITE  
IN THIS SPACE**

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution. ☐**

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE P  
NAME CARPENTER, JULIE A  
STREET ADDRESS 4445 KNOXVILLE AVENUE  
CITY-ST-ZIP COCOA, FL 32926**

**TITLE ST  
NAME CARPENTER, TAMMIE S  
STREET ADDRESS 3195 N. TROPICAL TRAIL  
CITY-ST-ZIP MERRITT ISLAND, FL 32953**

**TITLE V  
NAME BISHOP, MONTY C  
STREET ADDRESS 3195 N. TROPICAL TRAIL  
CITY-ST-ZIP MERRITT ISLAND, FL 32953**

**TITLE V  
NAME CARPENTER, GEORGE A  
STREET ADDRESS 1203 DUKE WAY  
CITY-ST-ZIP COCOA, FL 32922**

**TITLE V  
NAME CARPENTER, GEORGE R  
STREET ADDRESS 4445 KNOXVILLE AVENUE  
CITY-ST-ZIP COCOA, FL 32926**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

U00000318680  
04/20/05-80069-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*George R. Carpenter, VP*

*4-18-05*

*321-288-5216*