

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000016954

1. Entity Name
R.L. BISHOP & SON CONSTRUCTION, INC.



Principal Place of Business
**P O BOX 6407
LAKELAND, FL 33807-6407**

Mailing Address
**P O BOX 6407
LAKELAND, FL 33807-6407**



04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
77-0619637

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BISHOP, RICK L
5128 GREENGLEN LN
LAKELAND, FL 33811**

**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 relinquishing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	BISHOP, RICK L
STREET ADDRESS	5128 GREENGLEN LN
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	ST
NAME	MORALES, TOMAS H
STREET ADDRESS	7451 CORNET RD.
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	V
NAME	BISHOP, BRANDON
STREET ADDRESS	917 LAKEHURST DR
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	ST
NAME	COFFMAN, JUSTIN R
STREET ADDRESS	200 EMERALD AVE APT 88
CITY-ST-ZIP	LAKELAND, FL 33853
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, 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 #

4-26-06

863-201-7166