2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # P04000016970** 04-28-2005 90183 013 ***150.00 RICK L. BISHOP CONSTRUCTION, INC. Principal Place of Business Mailing Address P 0 B0X 6407 P 0 B0X 6407 LAKELAND, FL 33807-6407 LAKELAND, FL 33807-6407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 17-0619638 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired . \square Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BISHOP, RICK L Street Address (P.O. Box Number is Not Acceptable) 5128 GREENGLEN LN LAKELAND, FL 33811 Zip Code 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 Fiorida. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE ☐ Change ■ Addition BISHOP, RICK L NAME NAME STREET ADDRESS 5128 GREENGLEN LN STREET ADDRESS LAKELAND, FL 33811 CITY-ST-ZIP CITY-ST-ZIP ST ☐ Delete ☐ Change TITLE TITLE Addition JEMEC, CHARLES W NAME NAME 4634 HIGHLANDS PL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33811 CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME KETCHUM, ROY D NAME STREET ADDRESS 4948 INDIAN OAKS DR STREET ADDRESS CITY-ST-ZIP MULBERRY, FL 33860 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition PENNINGTON, CHRISTOPHER S NAME NAME 10641 PATHFINDER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33809 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

PRINTED NAME OF GRING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYRED OF

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Daytime Phone #