
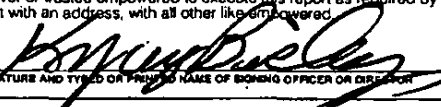


FILED  
Apr 12, 2005 8:00 am  
Secretary of State

03-10-2005 90162 004 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

|   |  |   |  |
|---|--|---|--|
| DOCUMENT # P04000101310   |  |    |  |
| 1. Entity Name<br>BISHOP REALTY OF NORTHEAST FLORIDA, INC.  |  |   |  |
| Principal Place of Business<br>1112 THIRD STREET #12<br>NEPTUNE BEACH, FL 32266   |  | Mailing Address<br>1112 THIRD STREET #12<br>NEPTUNE BEACH, FL 32266   |  |
| 2. Principal Place of Business<br>11555 Central Parkway<br>Suite 701<br>Jacksonville, FL<br>32224   |  | 3. Mailing Address<br>11555 Central Parkway<br>Suite 701<br>Jacksonville, FL<br>32224   |  |
| 03072005 Chg-P CR2E034 (10/03)  |  | 4. FEI Number 36-4557636  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  | Applied For Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br>BISHOP, KYUNG<br>1112 THIRD STREET #12<br>NEPTUNE BEACH, FL 32266  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL 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 Florida. I am familiar with, and accept the obligations of registered agent.   |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____   |  |   |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00   |  | 9. Election Campaign Financing<br>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 <input type="checkbox"/> Delete<br>NAME BISHOP, KYUNG<br>STREET ADDRESS 11555 Central Parkway<br>CITY-ST-ZIP Jacksonville, FL 32224   |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>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. |  |   |  |
| SIGNATURE:   |  | 3/17/05 477-4387  |  |