


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90103 010 ***150.00

DOCUMENT # P04000132121

1. Entity Name
BISHOP ENTERPRISE OF JACKSONVILLE, INC.



Principal Place of Business Mailing Address

6299-9 POWERS AVENUE 6299-9 POWERS AVENUE
 JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32217

2. Principal Place of Business 3. Mailing Address

6299-9 POWERS AVE *6299-9 POWERS AVE*
JACKSONVILLE, FL 32217 Suite, Apt. #, etc.



01052006 Chg-P CR2E034 (11/05)

City & State City & State

JAX, FL *JAX, FL*

Zip Country Zip Country

32217 *USA* *32217* *USA*

4. FEI Number Applied For

36-4567030 Not Applicable

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

6. Name and Address of Current Registered Agent

MACIEJEWSKI, DONALD M.
ONE INDEPENDENT DRIVE
SUITE 3306
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	RD	<input type="checkbox"/> Delete
NAME	BISHOP, DONALD	
STREET ADDRESS	1554 CORNELL ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BISHOP, DARLENE	
STREET ADDRESS	1554 CORNELL ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald Bishop* **DONALD Bishop** 3/1/06 904 5092562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #