


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000132121 1. Entity Name BISHOP ENTERPRISE OF JACKSONVILLE, INC.	
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Principal Place of Business 6299-9 POWERS AVENUE JACKSONVILLE FL 32217	Mailing Address 6299-9 POWERS AVENUE JACKSONVILLE FL 32217
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2. Principal Place of Business - No P.O. Box # <i>6299-9 Powers Ave</i>	3. Mailing Address <i>6299-9 Powers Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State <i>Jacksonville FL</i>	City & State <i>Jacksonville FL</i>	4. FEI Number 36-4567030	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <i>32217</i>	Country <i>USA</i>	Zip <i>32217</i>	Country <i>USA</i>

5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 fee to be applied (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000877185		
NAME	04/14/08-80004-013 150.00		
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 Section 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** *3/31/08* *904 5092562*

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