


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

<b>DOCUMENT # P04000132121</b>	
<b>1. Entity Name</b> BISHOP ENTERPRISE OF JACKSONVILLE, INC.	

<b>Principal Place of Business</b> 6299-9 POWERS AVENUE JACKSONVILLE FL 32217	<b>Mailing Address</b> 6299-9 POWERS AVENUE JACKSONVILLE FL 32217
-------------------------------------------------------------------------------------	-------------------------------------------------------------------------



<b>2. Principal Place of Business - No P.O. Box #</b> 6299-9 Powers Ave	<b>3. Mailing Address</b> 6299-9 Powers Ave
<b>Suite, Apt. #, etc.</b>	<b>Suite, Apt. #, etc.</b>

1st MOORE CR2E034 (10/07)

<b>City &amp; State</b> Jacksonville FL	<b>City &amp; State</b> Jacksonville FL
<b>Zip</b> 32217	<b>Zip</b> 32217
<b>Country</b> USA	<b>Country</b> USA

<b>4. FEI Number</b> 36-4567030	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  MACIEJEWSKI, DONALD M ONE INDEPENDENT DRIVE SUITE 3306 JACKSONVILLE FL 32202
-----------------------------------------------------------------------------------------------------------------------------------------------------

<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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** \_\_\_\_\_ Signature, typed or printed name of registered agent and fee. If multiple, (NOTE: Registered Agent signature required when constituting) **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** **\$5.00 May Be**  
**Trust Fund Contribution.** ☐ **Added to Fees**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000877185 04/14/08-80004-013 150.00
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 Day:mo:year #