FOR PROFIT CORPORATION

FILED Mar 14, 2006 08:00 AM

UNIF	ORM BUSI	NESS REPOR	T (UBR)	Secretary of State	
DOCUMENT # P05000088855 1. Entity Name					
Bishop Utilities Corp					
_	_	TE IN THIS	SDACE		
	101 11171	1 - 11113	31 ACE		
2. Principal Place of Business 125313 Durango Ct.		3. Mailing Address 25313 Durango Ct			
Suite, Apt. #, etc.		Suite, Apt. #, (DO NOT WRITE IN THIS SPACE	
City & State Punta Gorda, FL		City & State Punta Gorda, FL		4. FEI Number Applied Fo 20-3041613 Not Applied	
Zip	Country	Zip	Country	\$8.75 Addition	
33955	Charlotte	33955-4304	Charlotte	5. Certificate of Status Desired Fee Require	
				Name and Address of Current Registered Agent	
	DO WOT	1475175	Name Frank J. Bi	ishon Jr	
	DO NOT	WRITE	Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE 25313 Durar				go Ct.	
	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J, AUL			
}			City	Zip Code	
8 The above name	ad antitu auhmita t	ie etatement for the nur	Punta Gord	da 33955-430 again 33955-430 again, or both, in the	
State of Florida.	I am familiar with,	and accept the obligation	ons of registered agen	egistered dince of registered agent, or both, in the	
SIGNATURE		·			
	ature, typed or printed na	ame of registered agent and till	e if applicable. (NOTE: Re	egistered Agent signature required when reinstating) DATE	
January	1 - May 1 Fee is \$	150.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Viay 1, Fee is \$550 nded UBR is \$61.			9. Election Campaign Financing \$5.00 May 8 Trust Fund Contribution. Added to Fe	
Make Check Payat				Added to the	
10.	OFFICER	S AND DIRECTORS	11.	· · · · · · · · · · · · · · · · · · ·	
TITLE	PVPD	la.	TITLE	1900.00457502	
NAME STREET ADDRESS	Frank J Bishop, 25313 Durango	Jr.	NAME STREET ADDR	Sieve exposit medicine delicities and the	
CITY-ST-ZIP	Punta Gorda, Fl		CITY-ST-ZIP	1500	
TITLE	STD		TITLE	·	
NAME	Deborah L Bish	ор	NAME		
STREET ADDRESS	25313 Durango		STREET ADDR	ESS	
CITY-ST-ZIP	Punta Gorda, Fl	_ 33955-4304	CITY-ST-ZIP		
TITLE NAME			TITLE NAME		
STREET ADDRESS			STREET ADDR	ESS DO MOTIMOTE	
CITY-ST-ZIP			CITY-ST-ZIP	DO NOT WRITE	
TITLE		TITLE	IN THIS SDACE		
NAME			NAME	IN THIS SPACE	
STREET ADDRESS	1		STREET ADDR	ESS	
CITY-ST-ZIP	-{		CITY-ST-ZIP		
NAME	{		TITLE NAME		
STREET ADDRESS	{		STREET ADDRI	ESS	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME	1		NAME		
STREET ADDRESS			STREET ADDRI	ESS	
CiTY-ST-ZIP 12. I hereby certify that	the information sun	olied with this filing does no	CITY-ST-ZIP	on stated in Section 119.07(3)(i), Florida Statutes. I further	
		1114 mail 4000 11	is als evenible	in annual reservoirs fold? I tolled alerence: I MITTEL	

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

Frank J Bishop , Tr. ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-639-5799 Daytime Phone #