

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 01, 2007 8:00 am
Secretary of State

06-01-2007 90002 040 ***550.00

DOCUMENT # <u>P05000088855</u>	
1. Entity Name	
Bishop Utilities Corp.	

DO NOT WRITE IN THIS SPACE

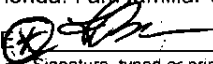
2. Principal Place of Business 16493 Tonawanda Dr	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Punta Gorda, FL	City & State
Zip 33955-4306	Country

4. FEI Number 20-3041613	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Frank J Bishop, Jr	
Street Address (P.O. Box Number is Not Acceptable) 16493 Tonawanda Dr	
City Punta Gorda	FL Zip Code 33955-4306


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 	Frank J Bishop, Jr 3/11/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State	

10. OFFICERS AND DIRECTORS		11.	
TITLE P VP D	NAME Frank J Bishop, Jr	TITLE	
STREET ADDRESS 16493 Tonawanda Dr	CITY-ST-ZIP Punta Gorda, FL 33955-4306	STREET ADDRESS	
TITLE S T D	NAME Deborah L Bishop	TITLE	
STREET ADDRESS 16493 tonawanda Dr	CITY-ST-ZIP Punta Gorda, FL 33955-4306	STREET ADDRESS	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.			
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SIGNATURE 	Frank J Bishop, Jr	3/11/2007	941-639-5799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #