



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90411 014 \*\*\*150.00

<b>DOCUMENT # P06000073534</b>					
<b>1. Entity Name</b> <b>CHUCK BISHOP, INC.</b>					
<b>Principal Place of Business</b> 3009 SE 30TH PL APT D OCALA, FL 34471			<b>Mailing Address</b> 3009 SE 30TH PL APT D OCALA, FL 34471		
<b>2. Principal Place of Business - No P.O. Box #</b> 1020 SE 27th St.		<b>3. Mailing Address</b> 1020 SE 27th St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262007    Chg-P    CR2E034 (12/06)	
<b>City &amp; State</b> Ocala, FL		<b>City &amp; State</b> Ocala, FL		<b>4. FEI Number</b> 20-4948444	
<b>Zip</b> 34471		<b>Country</b>		<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>  BISHOP, CHARLES D JR. 3009 SE 30TH PL APT D OCALA, FL 34471			<b>7. Name and Address of New Registered Agent</b> Name: Bishop, Charles D. Jr. Street Address (P.O. Box Number is Not Acceptable): 1020 SE 27th St. City: Ocala    FL    Zip Code: 34471		
<b>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.</b>					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)    DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTs BISHOP, CHARLES D 3009 SE 30TH PL APT D OCALA, FL 34471	<input type="checkbox"/> Delete			
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Chuck Bishop</u> 4-29-07    (352) 817-6268					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					