

**2003 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P07000069123

1. Entity Name

BISHOP CITRUS INC



Principal Place of Business

7923 NW PINE LEVEL ST
ARCADIA FL 34266

Mailing Address

7923 NW PINE LEVEL ST
ARCADIA FL 34266

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, J DAVID EA
2511 VASCO ST
STE 115
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name

FL

Street Address (P.O. Box Number is Not Acceptable)

Zip Code

City

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

Kye Bishop Signature typed or printed name of registered agent and title if applicable.

Kye Bishop

2-08-08

DATE

(NOTE: Registered Agent signature required when re-registering)

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
NAME: BISHOP, P KYE
STREET ADDRESS: 7923 NW PINE LEVEL ST
CITY-ST-ZIP: ARCADIA FL 34266

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE: VP S
NAME: BISHOP, DEBORAH
STREET ADDRESS: 7923 NW PINE LEVEL ST
CITY-ST-ZIP: ARCADIA FL 34266

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

Delete

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

Kye Bishop Signature typed or printed name of signing officer or director

2-08-08

Date

Daytime Phone #

**FILED
Feb 22, 2008 8:00 am
Secretary of State**

02-22-2008 90017 038 ***150.00

