


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000050917

1. Entity Name
BISHOP'S FAMILY FURNISHINGS, INC.



Principal Place of Business Mailing Address

2400 US HWY. 27 S. 2400 US HWY. 27 S.
 AVON PARK, FL 33825 AVON PARK, FL 33825

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0756778 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BISHOP, FREDDA L
 2400 US HWY. 27 S.
 AVON PARK, FL 33825

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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: *Fredda L Bishop* *FREDDA L Bishop* *3/5/04*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

100000090504
 03/17/04-80020-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BISHOP, FREDDA L
STREET ADDRESS	6454 O'NEAL RD.
CITY-ST-ZIP	SEBRING, FL 33876
TITLE	VP
NAME	BISHOP, WILLIAM A
STREET ADDRESS	6454 O'NEAL RD.
CITY-ST-ZIP	SEBRING, FL 33876
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fredda L Bishop* *3/5/04* *863-483-6399*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #