

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90030 023 ***150.00

DOCUMENT # P98000047527	
1. Entity Name BISHOP ENGINEERING COMPANY	

Principal Place of Business 444 W NEW ENGLAND AVE. STE. B WINTER PARK, FL 32789 US	Mailing Address 444 W NEW ENGLAND AVE. STE. B WINTER PARK, FL 32789 US
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40000430



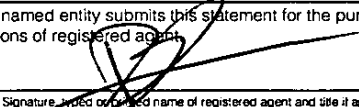
2. Principal Place of Business 4776 New Broad Street Suite, Apt. #, etc. Suite 150 City & State Orlando, Florida Zip 32814 Country U.S.A.	3. Mailing Address 4776 New Broad Street Suite, Apt. #, etc. Suite 150 City & State Orlando, Florida Zip 32814 Country U.S.A.
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01052005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3518474	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BISHOP, BRADFORD T 444 N NEW ENGLAND AVE STE B WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Bradford T. Bishop Street Address (P.O. Box Number is Not Acceptable) 4776 New Broad Street Suite 150 City Orlando FL Zip Code 32814
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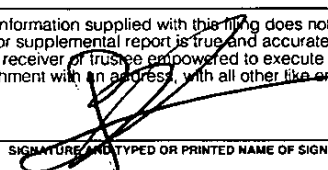
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **1/5/05**

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, BRADFORD T 444 N. NEW ENGLAND AVE STE B WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bradford T. Bishop 4776 New Broad Street Suite 150 Orlando, Florida 32814 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **1/8/05** DAYTIME PHONE # **407-622-2477**