2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000106225

1. Entity Name
BISHOP FARMS, INC.

Principal Place of Business	Mailing Address
224 EAST ESPERANZA	224 EAST ESPERANZA
CLEWISTON, FL 33440	CLEWISTON, FL 33440

DO NOT WRITE IN THIS SPACE

02072007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0895995	Not Applicable

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

6. Name and Address of Current Registered Agent

BISHOP, MARIANNE
224 EAST ESPERANZA
CLEWISTON, FL 33440

**DO NOT WRITE
IN THIS SPACE**

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 _Marianne Bishop_   _2/24/07_
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, 2007 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BISHOP, MOYE L
STREET ADDRESS	224 EAST ESPERANZA
CITY-ST-ZIP	CLEWISTON, FL 33440

TITLE	VSD
NAME	BISHOP, MARIANNE
STREET ADDRESS	224 EAST ESPERANZA
CITY-ST-ZIP	CLEWISTON, FL 33440

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000652141
03/12/07-80006-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _Marianne Bishop_ (MARIANNE Bishop) 2/24/07 (863)983-7721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #