

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000045338

1. Entity Name
BISHOP CAPITAL MANAGEMENT, INC.



Principal Place of Business
**1601 FORUM PLACE
STE 801
WEST PALM BEACH, FL 33401**

Mailing Address
**1601 FORUM PLACE
STE 801
WEST PALM BEACH, FL 33401**

DO NOT WRITE IN THIS SPACE



03312006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0957494

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMAS, DAVID J CPA.
1601 FORUM PLACE STE 801
WEST PALM BEACH, FL 33401**

**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

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BISHOP, WILLIAM S
STREET ADDRESS	BOX 360
CITY-ST-ZIP	LA QUINTA, CA 92253
TITLE	V
NAME	BISHOP, BRUCE A
STREET ADDRESS	480 PEEDEE ROAD
CITY-ST-ZIP	SOUTHERN PINES, NC 28387
TITLE	T
NAME	WENTWORTH, ELIZABETH B
STREET ADDRESS	5379 CORAL RIDGE
CITY-ST-ZIP	GRAND BLANC, MI 48439
TITLE	S
NAME	FICK, RONALD L
STREET ADDRESS	239 SOUTH COUNTY RD, STE. 300
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM S. BISHOP 4-5-06 760514 2270

Date

Daytime Phone #