


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # M33627

1. Entity Name
BILLFISH MARINA ONE, INC.



Principal Place of Business Mailing Address

2965 W SR 84 **2965 W SR 84**
FT LAUDERDALE, FL 33312-7701 **FT LAUDERDALE, FL 33312-7701**



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0999553 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

IRVINE, GEORGE M. JR
2965 W SR 84
FT LAUDERDALE, FL 33312

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

100000195225
01/26/05-80019-024 158.75

-10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | DC |
| NAME | IRVINE, GEORGE M. JR |
| STREET ADDRESS | 2965 W SR 84 |
| CITY ST ZIP | FT LAUDERDALE, FL |
| TITLE | S |
| NAME | IRVINE, JOAN M. |
| STREET ADDRESS | 2965 W STATE RD 84 |
| CITY ST ZIP | FT LAUDERDALE, FL |
| TITLE | V |
| NAME | COLLER, SCOT M |
| STREET ADDRESS | 2965 W STATE RD 84 |
| CITY ST ZIP | FT LAUDERDALE, FL |
| TITLE | P |
| NAME | IRVINE, GEORGE M III |
| STREET ADDRESS | 2965 W SR 84 |
| CITY ST ZIP | FORT LAUDERDALE, FL 33312 |
| 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: George M. Irvine Date: 1-20-05 Daytime Phone #: 954-577-8469 or 114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR