

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90069 002 ***158.75

DOCUMENT # M33627 1. Entity Name BILLFISH MARINA ONE, INC.					
Principal Place of Business 2965 W SR 84 FT LAUDERDALE, FL 33312-7701		Mailing Address 2965 W SR 84 FT LAUDERDALE, FL 33312-7701			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0999553	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent IRVINE, GEORGE M. JR 2965 W. SR 84 FT LAUDERDALE, FL 33312				7. Name and Address of New Registered Agent Name IRVINE, GEORGE M. III Street Address (P.O. Box Number is Not Acceptable) 2965 W. STATE ROAD 84 City FT. LAUDERDALE, FL Zip Code 33312	
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 <i>George M. Jr</i> DATE 2-26-07 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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC IRVINE, GEORGE M. JR 2965 W SR 84 FT LAUDERDALE, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IRVINE, JOAN M. 2965 W STATE RD 84 FT. LAUDERDALE, FL	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLLER, SCOT M 2965 W STATE RD 84 FT LAUDERDALE, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IRVINE, GEORGE M III 2965 W SR 84 FORT LAUDERDALE, FL 33312	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: <i>George M. Collier</i> VP DATE: 2-26-07 DAYTIME PHONE #: 954-587-8400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		