



FILED
May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000050256 Entity Name BILLFISH POOLS, INC.			
Principal Place of Business 2236 BUENA VISTA BLVD VERO BEACH, FL 32960-2965		Mailing Address 2236 BUENA VISTA BLVD VERO BEACH, FL 32960-2965	
DO NOT WRITE IN THIS SPACE			
		02192004 No Chg-P CR2E034 (10/03)	
		FEI Number 65-1106554 Applied For Not Applicable	
5. Name and Address of Current Registered Agent FISH, WILLIAM E 2236 BUENA VISTA BLVD VERO BCH, FL 32960		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000150807 05/04/04-80021-013 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DPT FISH, WILLIAM E 2236 BUENA VISTA BLVD VERO BEACH, FL 329602965	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DVS THORNTON, NAN E 2236 BUENA VISTA BLVD VERO BEACH, FL 329602965	
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DO NOT WRITE IN THIS SPACE			
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: <u>William E. Fish</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/30/04 Date Daytime Phone #	