


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 714597**  
 1. Entity Name  
**HOLLYBROOK HOMES, INC.**



Principal Place of Business 104 KING STREET JACKSONVILLE, FL 32204-2426	Mailing Address 104 KING STREET JACKSONVILLE, FL 32204-2426
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**DO NOT WRITE IN THIS SPACE**



08142004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1210087	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 THE PRENTICE-HALL CORPORATION SYSTEM  
 FIRST FLORIDA BANK BLDG.  
 SUITE 420  
 TALLAHASSEE, FL 32301

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

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WOOLSEY, B. FRED REV 1145 GROVE PARK BLVD. JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPO MARSHALL, FRANK T 2730 W. EDGEWOOD AVE JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HUFF, ROLAND 13651 MYRCIA CT JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MCINTOSH, CARLOTTA 7051 ALAN AVE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO GRIFFIN, LYNN 104 KING STREET JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

08/27/04-80001-020 61.25

**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)(b), 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 617, 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: \_\_\_\_\_ Date: 8/24/04 Daytime Phone #: 904-389-1196  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR