


FILED
Jul 31, 2008 8:00 am
Secretary of State

05-30-2008 90215 024 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 50-1210087		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRIFFIN, LYNN 104 KING ST JACKSONVILLE, FL 32204		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2009		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> Delete	
NAME	MARSHALL, FRANK T REV		
STREET ADDRESS	2730 W. EDGEWOOD AVE		
CITY-ST-ZIP	JACKSONVILLE, FL 32209		
TITLE	VPD	<input type="checkbox"/> Delete	
NAME	WOOLSEY, B. FRED REV		
STREET ADDRESS	1145 GROVE PARK BLVD		
CITY-ST-ZIP	JACKSONVILLE, FL 32218		
TITLE	SD	<input checked="" type="checkbox"/> Delete	
NAME	CARTER, ROSA		
STREET ADDRESS	4448 HENDRICKS AVE #256		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		
TITLE	TD	<input type="checkbox"/> Delete	
NAME	FREEMAN, CARLTON		
STREET ADDRESS	5338 VIVERA LANE		
CITY-ST-ZIP	JACKSONVILLE, FL 32244		
TITLE	CEO	<input type="checkbox"/> Delete	
NAME	GRIFFIN, LYNN		
STREET ADDRESS	104 KING STREET		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		
TITLE	D	<input type="checkbox"/> Delete	
NAME	CUFF, RICHARD		
STREET ADDRESS	1333 DUNN AVE #601		
CITY-ST-ZIP	JACKSONVILLE, FL 32218		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 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 of the empowerment.			
SIGNATURE: _____		Date: 6-17-08 (904) 359-1196	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>			