2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

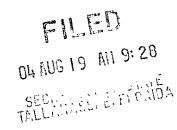
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HOLLYBROOK FARMS, INC.

Principal Place of Business

9281 1/2 102 PLACE S. BOYNTON BEACH, FL 33437 Mailing Address

POST OFFICE BOX 3865 BOCA RATON, FL 33427





DO NOT WRITE IN THIS SPACE

08042004 No Chg-P CR2E034 (10/03) Applied Fo 4. FEI Number 65-1148729 Not Applicable \$8.75 Additional Π 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

BRACKFIELD, GARY

DO NOT WRITE

| 9281 1/2 102 PLACE S. BOYNTON BEACH, FL 33437 | | | | IN THIS SPACE | | |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------|--|--------------------------------|-------------------------------------------------------------------------------------------------|--|
| | ions of registered agent. | | | | oth, in the State of Florida. I am familiar with, and accept 20040591992 31/0401048017 **158.75 | |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | | | | \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BRACKFIELD, GARY 1330 NE 4TH AVENUE BOCA RATON, FL 33433 S BRACKLFIELD, LISSETHE 14040C NESTURG WAY DELRAY BEACH, FL 33484 | RECTORS | | | | |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP | · | | | | NOT WRITE THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | | | · | |

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 the empowered.

STREET ADDRESS CITY-ST-7IP

Daytime Phone #