

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000100581

1. Entity Name  
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

**FILED**  
04 AUG 19 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08042004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1148729

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BRACKFIELD, GARY  
9281 1/2 102 PLACE S.  
BOYNTON BEACH, FL 33437

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

200040691992  
08/31/04--01048--017 \*\*158.75

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BRACKFIELD, GARY
STREET ADDRESS	1330 NE 4TH AVENUE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	S
NAME	BRACKFIELD, LISSETHE
STREET ADDRESS	14040C NESTURG WAY
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-04

Date

Daytime Phone #