

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000100581

1. Entity Name
HOLLYBROOK FARMS, INC.



Principal Place of Business
ATTN: LISETTE BRACKFIELD
PO BOX 3865
BOCA RATON, FL 33427

Mailing Address
ATTN: LISETTE BRACKFIELD
PO BOX 3865
BOCA RATON, FL 33427

FILED
06 JAN 24 AM 10: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
9281 1/2 102 Pl. South
Suite, Apt. #, etc.
Boynton Beach FL

3. Mailing Address
P.O. Box 3865
Suite, Apt. #, etc.
Boca Raton FL

01102006 Chg-P CR2E034 (11/05)

Zip
33437 Country
Ocala

Zip
33427 Country
Ocala

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

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	P BRACKFIELD, GARY 1330 NE 4TH AVENUE BOCA RATON, FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRACKFIELD, LISETTE 14040C NESTURG WAY DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700065565947 02/10/06--01015--017 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: _____ Gary E Brackfield 1-17-06 081369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #