

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90049 006 ***150.00

DOCUMENT # P01000100581

1. Entity Name
HOLLYBROOK FARMS, INC.



4

ACME

Principal Place of Business
11275 OCME DAIRY RD
BOYNTON BEACH, FL 33437

Mailing Address
P.O. BOX 3865
BOCA RATON, FL 33427



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

02202008 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

BRACKFIELD, GARY
11275 OCME DAIRY
BOYNTON BEACH, FL 33437

Name

Street Address (P.O. Box Number is Not Acceptable)

11275 ACME DAIRY RD

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
BRACKFIELD, GARY
1330 NE 4TH AVENUE
BOCA RATON, FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
BRACKFIELD, LISETTE
14040C NESTURG WAY
DELRAY BEACH, FL 33484 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
BRACKFIELD, LISETTE
14040C NESTING WAY ☒ Change ☐ Addition

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☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GARY BRACKFIELD

2-19-08