

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000147075

1. Entity Name
HOLBROOK FIELD SERVICE, INC.



Principal Place of Business
9330 SE187 TER
OKLAWAHA, FL 32179 US

Mailing Address
P.O. BOX 1561
OKLAWAHA, FL 32183 US

FILED
Aug 01, 2008 08:00 AM
Secretary of State



07102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5936221

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLBROOK, KENNETH C
9330 SE 187 TER
OKLAWAHA, FL 32179

**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)

U00000956870

08/01/08-80003-012 150.00

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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	HOLBROOK, KENNETH C
STREET ADDRESS	9330 SE 187 TER
CITY-ST-ZIP	OKLAWAHA, FL 32179
TITLE	VP
NAME	HOLBROOK, DELBERT D
STREET ADDRESS	9330 SE 187 TER
CITY-ST-ZIP	OKLAWAHA, FL 32179
TITLE	OD
NAME	MCRAE, BARRET
STREET ADDRESS	9330 SE 187 TER
CITY-ST-ZIP	OKLAWAHA, FL 32179
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 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 #

7-15-08 352-88-0279