

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000069096

1. Entity Name  
HOLYFIELD FINANCIAL SERVICES, INC.



Principal Place of Business

1601 FORUM PLACE SUITE 801  
WEST PALM BEACH, FL 33401

Mailing Address

1601 FORUM PLACE SUITE 801  
WEST PALM BEACH, FL 33401



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0781391

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLYFIELD, JAMES R  
1601 FORUM PLACE SUITE 801  
WEST PALM BEACH, FL 33401

**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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME HOLYFIELD, JAMES R  
STREET ADDRESS 1601 FORUM PLACE SUITE 801  
CITY - ST - ZIP WEST PALM BEACH, FL 33401

TITLE PS  
NAME HOLYFIELD, JAMES R  
STREET ADDRESS 1601 FORUM PLACE, SUITE #801  
CITY - ST - ZIP WEST PALM BEACH, FL 33401

TITLE VPT  
NAME HOLYFIELD, LOURDES R  
STREET ADDRESS 1601 FORUM PLACE, SUITE 801  
CITY - ST - ZIP WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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TITLE  
NAME  
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CITY - ST - ZIP

000000101566  
04/02/04-80018-008 150.00

**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:

*James R. Holyfield*

JAMES R. HOLYFIELD

3/30/04

561-689-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #