

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 A
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



02282007 No Chg-P CR2E034 (11/05)

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000657019
03/14/07-80050-009 150.00

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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Louderes R. Holyfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07
Date

561-689-6000
Daytime Phone #

LOURDES R. HOLYFIELD