


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90040 036 ***150.00

DOCUMENT # *R02000109787*

1. Entity Name
DeGraaf Systems Inc



DO NOT WRITE IN THIS SPACE

94060215

2. Principal Place of Business
5438 Timbercreek Dr
Suite, Apt. #, etc.

3. Mailing Address
5438 Timbercreek Dr
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pace, FL

City & State
Pace, FL

Zip
32571

Country
USA

Zip
32571

Country
USA

4. FEI Number 542081282

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name James DeGraaf

Street Address (P.O. Box Number is Not Acceptable)
4909 Pattock Place

City Pace FL Zip Code 32571

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 _____

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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	President James DeGraaf 4909 Pattock Place / Pace, FL 32571	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Richard Shepard 5438 Timbercreek Dr / Pace, FL 32571	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *James DeGraaf* JAMES DEGRAAF 04-19-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)