

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90199 024 ***158.75

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000020072	
1. Entity Name DE GRAAF FINE ART COMPANY	

Principal Place of Business 196 CITY PLACE 1208-B U.S. Hwy 1 477 S. ROSEMARY AVE. WEST PALM BEACH, FL 33409 North Palm Beach, FL 33408	Mailing Address 1208 MARINE WAY, G-7 NORTH PALM BEACH, FL 33408
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24070914



04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3002169	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent

**DEGRAF, DAN
1208 MARINE WAY G-7
NORTH PALM BEACH, FL 33408**

**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 (even site if applicable) (NOTE: Registered Agent signature required - when non-filing) STATE

**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 DE GRAAF, DANIEL LEE
STREET ADDRESS 1208 MARINE WAY, G-7	CITY-ST-ZIP NORTH PALM BEACH, FL 33408
TITLE D	NAME BALBO, THOMAS E
STREET ADDRESS 1208 MARINE WAY, G-7	CITY-ST-ZIP NORTH PALM BEACH, FL 33408
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
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 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 (or power of attorney) 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 (the) empowere(d).

SIGNATURE: *Daniel L. De Graaf* 4/29/04 561 694-6676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #