

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 221502

1. Entity Name  
HENRY DEGRAFF & SON, INC.



Principal Place of Business  
3113 SE GRAN PARKWAY  
STUART, FL 34997 US

Mailing Address  
P.O. BOX 551  
JENSEN BEACH, FL 34958

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**



02242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-0866629

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DEGRAFF, ROGER W  
9 CASTLE HILL WAY  
STUART, FL 34996

**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, 2008 Fee will be \$550.00**

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

U000000856574  
03/28/08-80017-017 150.00

**10. OFFICERS AND DIRECTORS**

TITLE C  
NAME DEGRAFF, HENRY JR  
STREET ADDRESS 848 NW WATER LILY PL  
CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE V  
NAME DEGRAFF, ROSALIND  
STREET ADDRESS 3113 SE GRAN PARK WAY  
CITY-ST-ZIP STUART, FL 34997

TITLE DPT  
NAME DEGRAFF, ROGER W.  
STREET ADDRESS 3113 SE GRAN PARK WAY  
CITY-ST-ZIP STUART, FL 34997

TITLE DS  
NAME DEGRAFF, ROSALIND  
STREET ADDRESS 3113 SE GRAN PARK WAY  
CITY-ST-ZIP STUART, FL 34997

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.