FILED
Apr 30, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000092578

1. Entity Name
DEGRAFF ENTERPRISES, INC.

Principal Place of Business	Mailing Address
6250 SHIRLEY #502 NAPLES, FL 34109 US	6250 SHIRLEY #502 NAPLES, FL 34109 US

DO NOT WRITE IN THIS SPACE

04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1044009
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, JESSE C
2801 PONCE DE LEON BOULEVARD
SUITE 1140
CORAL GABLES, FL 33134-6900

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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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000142163
04/30/04-80040-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAUB, FREDERICK D
STREET ADDRESS	6250 SHIRLEY ST, UNIT 502
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	DP
NAME	MCKNIGHT, ALICE L
STREET ADDRESS	6250 SHIRLEY ST, UNIT 502
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	DV
NAME	KIRKSEY, JEAN T
STREET ADDRESS	6250 SHIRLEY ST, UNIT 502
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frederick D Laub 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #