

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

24070914



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 75-3002169 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

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

**DO NOT WRITE
 IN THIS SPACE**

9. 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 fee if applicable.

(NOTE: Registered Agent signature required when nonfiling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

8. 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 like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

561 694-6676

Daytime Phone #