2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L29149

1. Entity Name
DRUCKER & FALK MANAGEMENT CORPORATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
9286 WARWICK BOULEVARD NEWPORT NEWS, VA 23607	9286 WARWICK BOULEVARD NEWPORT NEWS, VA 23607

04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0161353
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEWITT, SHERRI K
37 NORTH ORANGE AVE., STE. 840
ORLANDO, FL 32801

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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, typed 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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DRUCKER, ERWIN B
STREET ADDRESS	9288 WARWICK BLVD.
CITY-ST-ZIP	NEWPORT NEWS, VA
TITLE	VD
NAME	ORANGE, JERRY
STREET ADDRESS	15551 HARTRIDGE ROAD
CITY-ST-ZIP	DAVIE, FL 333312556
TITLE	SD
NAME	MUNICK, JOHN A JR.
STREET ADDRESS	9286 WARWICK BLVD.
CITY-ST-ZIP	NEWPORT NEWS, VA 23607
TITLE	TD
NAME	FALK, DAVID C SR.
STREET ADDRESS	9266 WARWICK BLVD.
CITY-ST-ZIP	NEWPORT NEWS, VA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/06-80042-025 150.00

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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.

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