

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000004323

1. Entity Name
D&F REAL ESTATE CO. SHIRE II, INC.



Principal Place of Business
7200 STONEHENGE DR., STE 211
RALEIGH, NC 27613

Mailing Address
9286 WARWICK BLVD
NEWPORT NEWS, VA 23607

DO NOT WRITE IN THIS SPACE



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number
56-1807062

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HUNTER, DANIEL M
243 WEST PARK AVE., STE 101
WINTER PARK, FL 32789

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000126076
04/23/04-80018-015 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FALK SR, DAVID C
STREET ADDRESS 7200 STONEHENGE DR., STE 211
CITY-ST-ZIP RALEIGH, NC 27613

TITLE T
NAME FALK JR, DAVID C
STREET ADDRESS 7200 STONEHENGE DR., STE 211
CITY-ST-ZIP RALEIGH, NC 27613

TITLE VD
NAME DRUCKER, ERWIN B
STREET ADDRESS 9286 WARWICK BLVD
CITY-ST-ZIP NEWPORT NEWS, VA 23607

TITLE ST
NAME DRUCKER, WENDY
STREET ADDRESS 9286 WARWICK BLVD
CITY-ST-ZIP NEWPORT NEWS, VA 23607

TITLE AS
NAME MUNICK, JOHN
STREET ADDRESS 9286 WARWICK BLVD
CITY-ST-ZIP NEWPORT NEWS, VA 23607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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:

[Signature]

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04

Date

7572451541

Daytime Phone #