


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000004323 1. Entity Name D&F REAL ESTATE CO. SHIRE II, INC.	
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Principal Place of Business 7200 STONEHENGE DR., STE 211 RALEIGH, NC 27613	Mailing Address 9286 WARWICK BLVD - NEWPORT NEWS, VA 23607
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04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1807062	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FALK SR, DAVID C 7200 STONEHENGE DR., STE 211 RALEIGH, NC 27613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FALK JR, DAVID C 7200 STONEHENGE DR., STE 211 RALEIGH, NC 27613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DRUCKER, ERWIN B 9286 WARWICK BLVD NEWPORT NEWS, VA 23607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DRUCKER, WENDY 9286 WARWICK BLVD NEWPORT NEWS, VA 23607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MUNICK, JOHN 9286 WARWICK BLVD NEWPORT NEWS, VA 23607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000358909
05/05/05-80012-004 150.00

**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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/05