

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F98000004360

1. Entity Name
D&F, K, LEVEL ASSOCIATES, INC.



Principal Place of Business
**9286 WARWICK BLVD
NEWPORT NEWS, VA 23607**

Mailing Address
**9286 WARWICK BLVD
NEWPORT NEWS, VA 23607**



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1691489

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
227 WEST PARK AVENUE
WINTER PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

6. 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 reappointing)

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	PD
NAME	DRUCKER, ERWIN B
STREET ADDRESS	9286 WARWICK BLVD
CITY-ST-ZIP	NEWPORT NEWS, VA
TITLE	VD
NAME	FALK SR, DAVID C
STREET ADDRESS	7200 STONEHENGE DR., STE 211
CITY-ST-ZIP	RALEIGH, NC
TITLE	VST
NAME	MUNICK, JOHN
STREET ADDRESS	9286 WARWICK BLVD
CITY-ST-ZIP	NEWPORT NEWS, VA
TITLE	VD
NAME	KAYDEN, BERNARD H
STREET ADDRESS	550 MAMARONECK AVE., STE 404
CITY-ST-ZIP	HARRISON, NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/05-80153-022 150.00

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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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #