


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F98000004804 1. Entity Name D&F,K,SHIRES, INC.	
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Principal Place of Business 7200 STONEHENGE DRIVE, SUITE 211 C/O DRUCKER & FALK, LLC. RALEIGH, NC 27613	Mailing Address 9286 WARWICK BLVD. C/O DRUCKER & FALK, LLC. NEWPORT NEWS, VA 23607
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02272004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-1807060	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLALOCK, LANDERS, WALTERS & VOGLER, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

000000126038
04/23/04-80018-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FALK, DAVID C SR. 7200 STONEHENGE DRIVE, SUITE 211 RALEIGH, NC 27613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KAYDEN, BERNARD H 550 MAMARONECK AVE. HARRISON, NY 10528
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DRUCKER, ERWIN B 9286 WARWICK BLVD. NEW PORT NEWS, VA 23607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MUNICK, JOHN 9286 WARWICK BLVD. NEW PORT NEWS, VA 23607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FALK, DAVID C JR. 7200 STONEHENGE DRIVE, SUITE 211 RALEIGH, NC 27613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **DAVID C. FALK** **4-20-04** **757.245.1541**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #