2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F98000004804

1. Entity Name
D&F,K,SHIRES, INC.

Principal Place of Business	Mailing Address
7200 STONEHENGE DRIVE, SUITE 211 C/O DRUCKER & FALK, LLC. RALEIGH, NC 27613	9286 WARWICK BLVD. C/O DRUCKER & FALK, LLC. NEWPORT NEWS, VA 23607

04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1807060
☐ Applied For
☐ Not Applicable

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

U00000359389
05/04/05-80153-015 150.00

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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: _____ AVP 4/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #