2005 FOR PROFIT CORPORATION

ANNUAL REPORT

D&F FRENCHMAN'S CREEK, INC.

DOCUMENT # F99000003594



Principal Place of Business

SIGNATURE:

C/O DRUCKER & FALK, LLC 7200 STONEHENGE DRIVE, SUITE 250 RALEIGH, NC 27613

Mailing Address

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9286 WARWICK BLVD NEWPORT NEWS, VA 23607

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



DO NOT WRITE IN THIS SPACE

04272005 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 56-2143528 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

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

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 harns of registered agent and title 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		Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FALK, DAVID C SR. 7200 STONEHENGE DRIVE, SUITE 2 RALEIGH, NC 27613	211	 - - -		_ .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUNICK, JOHN A JR. 9286 WARWICK BLVD. NEWPORT NEWS, VA 23607					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STOVALL, BOBBY 7200 STONEHENGE DRIVE, SUITE 211 RALEIGH, NC 27613			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FALK, DAVID C JR. 7200 STONEHENGE DRIVE, SUITE 211 RALEIGH, NC 27613		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FALK-TILLETT, KELLIE 7200 STONEHENGE DRIVE, SUITE 2 RALEIGH, NC 27613	111				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEAN, FREDERICK F JR. 7200 STONEHENGE DRIVE, SUITE 2 RALEIGH, NC 27613				· :-	
12. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation of 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.						