

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # L29149
1. Entity Name
DRUCKER & FALK MANAGEMENT CORPORATION OF
FLORIDA, INC.



Principal Place of Business Mailing Address
9286 WARWICK BOULEVARD 9286 WARWICK BOULEVARD
NEWPORT NEWS, VA 23607 NEWPORT NEWS, VA 23607



02272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0161353	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

DEWITT, SHERRI K
37 NORTH ORANGE AVE., STE. 840
ORLANDO, FL 32801

**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 _____ (NOTE: Registered Agent signature required when reinitiating) _____ 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

000000126065
04/23/04-80018-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRUCKER, ERWIN B 9286 WARWICK BLVD. NEWPORT NEWS, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORANGE, JERRY 15551 HARTRIDGE ROAD DAVIE, FL 333312556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MUNICK, JOHN A JR. 9286 WARWICK BLVD. NEWPORT NEWS, VA 23607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FALK, DAVID C SR. 9286 WARWICK BLVD. NEWPORT NEWS, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: David C Falk DAVID C. FALK 4.15.04 7572451541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #