

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

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

Principal Place of Business 9286 WARWICK BOULEVARD NEWPORT NEWS, VA 23607	Mailing Address 9286 WARWICK BOULEVARD NEWPORT NEWS, VA 23607
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**DO NOT WRITE IN THIS SPACE**



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0161353	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ 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**

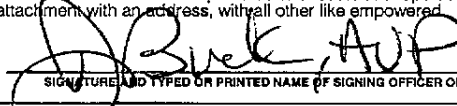
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE 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	

110000352882  
 05/04/05-80136-023 150.00

**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:**  **4/24/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #