

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90289 001 ***300.00

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**

66013215



02092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0161353 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Kenneth R. Marchman
Hunter & Marchman, P.A.
227 West Park Avenue
P. O. Box 340
Winter Park, FL 32790

← Please note change

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I am familiar with, and accept the obligations of registered agent, for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DRUCKER, WENDY C.
STREET ADDRESS	9286 WARWICK BLVD.
CITY-ST-ZIP	NEWPORT NEWS, VA
TITLE	VP/ASST.SECY.
NAME	MELVIN, RONALD B.
STREET ADDRESS	9286 WARWICK BLVD.
CITY-ST-ZIP	NEWPORT NEWS, VA
TITLE	VP/ASST.SECY./D
NAME	FALK, JR., DAVID C.
STREET ADDRESS	9286 WARWICK BLVD.
CITY-ST-ZIP	NEWPORT NEWS, VA
TITLE	VP/ASST.SEC./D
NAME	FALK-TILLET, KELLIE
STREET ADDRESS	9286 WARWICK BLVD.
CITY-ST-ZIP	NEWPORT NEWS, VA
TITLE	S/T
NAME	BUCK, J. GUY
STREET ADDRESS	9286 WARWICK BLVD.
CITY-ST-ZIP	NEWPORT NEWS, VA
TITLE	
NAME	<i>↑</i>
STREET ADDRESS	<i>Please note changes</i>
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Wendy C. Drucker* **Wendy C. Drucker** **4-18-07** **757-9286207**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #