


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 23, 2006 08:00 AM  
Secretary of State**

DOCUMENT # P99000011352  
1. Entity Name  
DFD ENTERPRISES, INC.



Principal Place of Business 3951 S. PINE AVE., BOX 4 SUITE 300 OCALA, FL 34480-8841	Mailing Address 3951 S. PINE AVE., BOX 4 SUITE 300 OCALA, FL 34480-8841
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3563597	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
CALIENDO, FRANK  
3951 S. PINE AVE., BOX 4  
SUITE 300  
OCALA, FL 34480-8841

**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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	○ MORANCHEK, KAREN A 1154 SEQUOIA ROAD ROAD NAPERVILLE, IL 60540
TITLE NAME STREET ADDRESS CITY - ST - ZIP	○ DAVEY, LARRY S 957 SOUTH RADDANT RD BATAVIA, IL 60510
TITLE NAME STREET ADDRESS CITY - ST - ZIP	○ DAVEY, DANIEL G 29 W 419 CRABTREE WARRENVILLE, IL 60555
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000394065  
01/25/06-80047-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Karen Moranchek 01-17-06 630416-3316  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #