

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

09-06-2006 90036 022 \*\*\*150.00  
P00000005911

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000005911

1. Entity Name  
D & F CONCESSIONS, INC.



Principal Place of Business

Mailing Address

~~4600 S.W. 34TH DRIVE~~  
~~FT LAUDERDALE, FL 33312~~

~~4600 S.W. 34TH DRIVE~~  
~~FT LAUDERDALE, FL 33312~~

*198 Memory Lane NE*  
*Palm Bay 32906*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07252006

Chg-P

CR2E034 (11/05)

4. FEI Number  
65-0978850

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARAGE, ANTHONY  
~~4600 SW 34 DR~~  
~~PORT LAUDERDALE, FL 33312~~

*198 Memory Lane NE*  
*Palm Bay 32907*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150**  
**Due by September 8, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME FARAGE, DOROTHY A  
STREET ADDRESS ~~4600 S.W. 34TH DRIVE~~  
CITY-ST-ZIP ~~FT LAUDERDALE, FL 33312~~

TITLE A ☐ Delete  
NAME FARAGE, ANTHONY P  
STREET ADDRESS ~~4600 SW 34 DR~~  
CITY-ST-ZIP ~~FT LAUDERDALE, FL 33312~~

TITLE ☐ Delete  
NAME *198 Memory Lane NE*  
STREET ADDRESS *Palm Bay 32907*  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME *\* Per conversation with Anthony - original A/K marked*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME *in January of 06*  
STREET ADDRESS *not released by our office*  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME *requested to add*  
STREET ADDRESS *late fee*  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Anthony Farage*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-06

Date

Daytime Phone #