

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90238 038 \*\*\*150.00

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

20043863



04272006 Cng-P CR2E034 (11/05)

<b>DOCUMENT # P05000157548</b>			
1. Entity Name <b>D &amp; A FINE FOOD, INC.</b>			
Principal Place of Business <b>3652 TAMiami TRAIL N NAPLES, FL 34103</b>		Mailing Address <b>3652 TAMiami TRAIL N NAPLES, FL 34103</b>	
2. Principal Place of Business <b>3652 TAMiami TRAIL N</b> Suite, Apt. #, etc. <b>#110</b>		3. Mailing Address <b>2202 STACIL CIRCLE</b> Suite, Apt. #, etc.	
City & State <b>NAPLES, FL</b>		City & State <b>NAPLES, FL</b>	
Zip <b>34103</b>		Country <b>COLLIER</b>	
4. FFJ Number <b>20-3865810</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>STOERCHLE, ARTHUR 3652 TAMiami TRAIL N NAPLES, FL 34103</b>		7. Name and Address of New Registered Agent Name <b>ARTHUR STOERCHLE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2202 STACIL CIRCLE</b> City <b>NAPLES</b> FL Zip Code <b>34109</b>	
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 <b>Arthur Stoerchle - Treasurer/Sec.</b>		DATE <b>4/28/06</b>	
<p><b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$650.00</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>✓ PRESIDENT</b>	NAME <b>STOERCHLE, ARTHUR</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2202 STACIL CIRCLE</b>	CITY-ST-ZIP <b>NAPLES, FL 34109</b>		
TITLE <b>✓ TREASURER / SEC.</b>	NAME <b>STOERCHLE, DALE</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2202 STACIL CIRCLE</b>	CITY-ST-ZIP <b>NAPLES, FL 34109</b>		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		
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STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110, 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: <b>Dale Stoerchle - Treasurer/Sec.</b>		DATE: <b>4/28/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

