



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90220 003 \*\*\*150.00

<b>DOCUMENT # P98000055147</b> 1. Entity Name <b>DFB, INC.</b>					
Principal Place of Business <b>6843 E ANDREWS STREET GLEN SAINT MARY FL 32040</b>				Mailing Address <b>6843 E ANDREWS STREET GLEN SAINT MARY FL 32040</b>	
2. Principal Place of Business <b>324 Longmeadow Rd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>324 Longmeadow Rd.</b> Suite, Apt. #, etc.			
City & State <b>Lancaster PA</b>		City & State <b>Lancaster PA</b>		4. FEI Number <b>59-3517645</b>	
Zip <b>17601</b> Country		Zip <b>17601</b> Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALWINE, DONALD D 6843 E ANDREWS STREET GLEN ST MARY FL 32040</b>				7. Name and Address of New Registered Agent Name <b>JAMES G. LYONS</b> Street Address (P.O. Box Number is Not Acceptable) <b>106 W. Blvd N.</b> City <b>Macedonny FL</b> Zip Code <b>32063</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>JAMES G. LYONS, CPA</b> <i>James G. Lyons</i> <b>4-24-06</b> <small>Signature, typed or printed name of registrant agent and title if applicable (None if Registered Agent signature required when re-installing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALWINE, DONALD D 6843 EAST ANDREWS ST. GLEN ST MARY FL 32040	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALWINE, DONALD D. 324 Longmeadow Rd. LANCASTER, PA 17601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBONIS, FRANK R 46 INDIAN RD RIVERSIDE RH 02915	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUBMAN, ROBERT P JR 72 CYPRESS RD SEEKONK MA 02771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESJARDINS, DAVID J 44 FALL RIVER AVENUE REHOBOTH MA 02769	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Donald D. Alwine</i> - <b>DONALD D. ALWINE</b>				3-31-06 717-859-3272 <small>Date Daytime Phone #</small>	