


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90049 020 ***150.00

DOCUMENT # F07000005257

1. Entity Name
ROUGE RIVER FARMS, INC.



Principal Place of Business Mailing Address

11691 WARDEN AVE **11691 WARDEN AVE**
GORMLEY, **GORMLEY,**
ONTARIO CANADA L0H160, OC **ONTARIO CANADA L0H160, OC**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01162008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

88-0376566 Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAM J. NIELANDER, PA
172 E INTERLAKE BLVD
LAKE PLACID, FL 33852

7. Name and Address of New Registered Agent

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 _____ 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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	REESOR, ROBERT W	
STREET ADDRESS	111 WILLIAM ST., STOUFFVILLE	
CITY-ST-ZIP	ONTARIO CANADA L3R1B3,	
TITLE	VCS	<input type="checkbox"/> Delete
NAME	REESOR, C RICHARD	
STREET ADDRESS	61 DOUGHERTY CRES., STOUFFVILLE	
CITY-ST-ZIP	ONTARIO CANADA L4A0A1,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESOR, ROBERT W	
STREET ADDRESS	111 WILLIAM ST. STOUFFVILLE	
CITY-ST-ZIP	ONTARIO CANADA L4A 1B3	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert Reesor **Robert Reesor** Jan 16 2008 905-887-9765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #