

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005257

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

**Entity Name:** ROUGE RIVER FARMS, INC.

**Current Principal Place of Business:**

11691 WARDEN AVE  
GORMLEY,  
ONTARIO, ON L0H1G CA

**New Principal Place of Business:**

11691 WARDEN AVE  
GORMLEY,  
ONTARIO, ON L0H1GO CA

**Current Mailing Address:**

11691 WARDEN AVE  
GORMLEY,  
ONTARIO, ON L0H1G CA

**New Mailing Address:**

11691 WARDEN AVE  
GORMLEY,  
ONTARIO, ON L0H1GO CA

**FEI Number:** 88-0376566

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: REESOR, ROBERT W  
Address: 111 WILLIAM ST., STOUFFVILLE  
City-St-Zip: ONTARIO CANADA L4A1B3, OC

Title: VCS  
Name: REESOR, C RICHARD  
Address: 61 DOUGHERTY CRES., STOUFFVILLE  
City-St-Zip: ONTARIO CANADA L4A0A1, OC

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: C. RICHARD REESOR

VCS

01/15/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date