

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F93000001006

1. Entity Name  
KRAUSLAND FARMS, INC.



Principal Place of Business

P.O. BOX 590  
QUINCY, FL 32353

Mailing Address

90 SALMON BROOK ST  
GRANBY, CT 06035 US

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
06-1359744

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	GALICI, ANTHONY
STREET ADDRESS	90 SALMON BROOK ST
CITY-ST-ZIP	GRANBY, CT 06035
TITLE	VD
NAME	SCHAAN, GREG
STREET ADDRESS	90 SALMON BROOK ST
CITY-ST-ZIP	GRANBY, CT 06035
TITLE	D
NAME	DANZIGER, FREDERICK M
STREET ADDRESS	1 ROCKEFELLER PLAZA
CITY-ST-ZIP	NEW YORK, NY 10020
TITLE	V
NAME	SOSSAMAN, ED
STREET ADDRESS	90 SALMON BROOK STREET
CITY-ST-ZIP	GRANBY, CT 06035
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000181182  
01/14/05-80036-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Galici

1/7/04

Date

820 652-4541

Daytime Phone #