

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 Mailing Address
 P.O. BOX 590 90 SALMON BROOK ST
 QUINCY, FL 32353 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 <input type="checkbox"/>	\$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

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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, 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 NAME STREET ADDRESS CITY-ST-ZIP	VD GALICI, ANTHONY 90 SALMON BROOK ST GRANBY, CT 06035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHAAN, GREG 90 SALMON BROOK ST GRANBY, CT 06035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANZIGER, FREDERICK M 1 ROCKEFELLER PLAZA NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOSSAMAN, ED 90 SALMON BROOK STREET <i>90 1525 South Atlantic St</i> GRANBY, CT 06035 <i>Quincy FL 32353</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/14/05-80036-025 150.00

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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: *Anthony Galici* *1/7/05* *820 652-4541*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #