

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001006

Entity Name: KRAUSLAND FARMS, INC.

FILED  
Feb 22, 2011  
Secretary of State

## Current Principal Place of Business:

1525 SOUTH ATLANTA STREET  
QUINCY, FL 32353 US

## New Principal Place of Business:

## Current Mailing Address:

90 SALMON BROOK ST  
ATTN: ANTHONY GALICI  
GRANBY, CT 06035 US

## New Mailing Address:

FEI Number: 06-1359744      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: V  
Name: GALICI, ANTHONY  
Address: 90 SALMON BROOK ST GRANBY CT 06035  
City-St-Zip: GRANBY, CT 06035 US

Title: P  
Name: SCHAAAN, GREG  
Address: 90 SALMON BROOK ST GRANBY CT 06035  
City-St-Zip: GRANBY, CT 06035 US

Title: D  
Name: DANZIGER, FREDERICK M  
Address: 1 ROCKEFELLER PLAZA, SUITE 2301  
City-St-Zip: NEW YORK, NY 100202102 US

Title: V  
Name: POLLACK, TAMMY  
Address: 90 SALMON BROOK STREET GRANBY CT 06035  
City-St-Zip: GRANBY, CT 06035 US

Title: V  
Name: FLOWERS, STEVE  
Address: 90 SALMON BROOK STREET GRANBY CT 06035  
City-St-Zip: GRANBY, CT US

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: ANTHONY J. GALICI

VP

02/22/2011

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

\_\_\_\_\_  
Date