

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90010 001 \*\*\*150.00

DOCUMENT # P00000080883

1. Entity Name  
SPLIT ROCK FARM, INC.



Principal Place of Business

4795 NW 75TH AVE  
OCALA, FL 34482

Mailing Address

4795 NW 75TH AVE  
OCALA, FL 34482

Please change address

Please change address

2. Principal Place of Business

200 East Broward Boulevard

Suite, Apt. #, etc.

c/o Jeffrey A. Barkier

City & State  
Fort Lauderdale, Florida

Zip  
33301

Country

3. Mailing Address

15 Aelflar Way

Suite, Apt. #, etc.

P.O. Box 41

City & State  
Bridgehampton, N.Y.

Zip  
11932

Country



02222006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3669032

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~BRAUN, ANTHONY~~  
~~4795 NW 75TH AVE~~  
~~OCALA, FL 34482~~

7. Name and Address of New Registered Agent

Name Jeffrey A. Barkier, Ruden McClosky

Street Address (P.O. Box Number is Not Acceptable)

200 East Broward Boulevard

City

Fort Lauderdale

FL

Zip Code

33301

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

*Barbara Braun*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2.25.06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME BRAUN, ANTHONY  
STREET ADDRESS 4795 NW 75TH AVE  
CITY-ST-ZIP Ocala, FL 34482

TITLE D ☒ Delete  
NAME BRAUN, BARBARA  
STREET ADDRESS 4795 NW 75TH AVE  
CITY-ST-ZIP Ocala, FL 34482

TITLE D ☒ Delete  
NAME BRAUN, JENNIFER  
STREET ADDRESS 4795 NW 75TH AVE  
CITY-ST-ZIP Ocala, FL 34482

TITLE D ☒ Delete  
NAME BRAUN, DEREK  
STREET ADDRESS 4795 NW 75TH AVE  
CITY-ST-ZIP Ocala, FL 34482

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME Braun, Barbara  
STREET ADDRESS 15 Aelflar Way P.O. Box 41  
CITY-ST-ZIP Bridgehampton N.Y. 11932

TITLE D ☒ Change ☐ Addition  
NAME Braun, Derek  
STREET ADDRESS 4795 NW 75th Ave  
CITY-ST-ZIP Ocala, FL 34482

TITLE D ☒ Change ☐ Addition  
NAME Tuchman, Jennifer  
STREET ADDRESS 2044 N. Larrabee St. 2nd Floor  
CITY-ST-ZIP Chicago, IL 60614

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Barbara Braun*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.25.06

Date

Daytime Phone #

631 537 5566