

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90082 018 ***150.00

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1. Entity Name
SPLIT ROCK FARM, INC.



Principal Place of Business
**200 EAST BROWARD BLVD
C/O JEFFREY A. BASKIES, RUDEN MCCLOSKEY
FORT LAUDERDALE, FL 33301**

Mailing Address
**15 AELFER WAY
P.O. BOX 41
BRIDGEHAMPTON, NY 11932**

9000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
**C/O Cummings + Carroll PC
175 Great Neck Road
Suite, Apt. # etc.**

Suite, Apt. #, etc.

02242007 Chg-P CR2E034 (12/06)

City & State

City & State
Great Neck, N.Y.

4. FEI Number
59-3669032

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BASKIES, JEFFREY A
RUDEN MCCLOSKEY
200 E BROWARD BLVD
FORT LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2007 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, BARBARA**
STREET ADDRESS **15 AELFER WAY/P.O. BOX 41**
CITY-ST-ZIP **BRIDGEHAMPTON, NY 11932**

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

TITLE **D** ☐ Delete
NAME **TUCHMAN, JENNIFER**
STREET ADDRESS **2044 N LARRABOE ST 2ND FLOOR**
CITY-ST-ZIP **CHICAGO, IL 60614**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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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

BARBARA BRAUN

3.7.07

516 526 6398

Date

Daytime Phone #