2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 08:00 A
Secretary of State

DOCUMENT # P00000080883

1. Entity Name
SPLIT ROCK FARM, INC.

Principal Place of Business	Mailing Address
200 EAST BROWARD BLVD C/O JEFFREY A. BASKIES, RUDEN MCCLOSKY FORT LAUDERDALE, FL 33301	C/O CUMMINGS & CARROLL PC 175 GREAT NECK ROAD GREAT NECK, NY 11024

000000864518
04/04/08-80017-017 150.00

02282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible] Fee is $550.00
After May 1, 2008 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
NAME	BRAUN, BARBARA
STREET ADDRESS	15 AELFAR WAY/P.O. BOX 41
CITY-ST-ZIP	BRIDGEHAMPTON, NY 11932
TITLE	D
NAME	BRAUN, DEREK
STREET ADDRESS	4795 NW 75TH AVE
CITY-ST-ZIP	OCALA, FL 34482
TITLE	D
NAME	TUCHMAN, JENNIFER
STREET ADDRESS	2044 N LARRABOE ST 2ND FLOOR
CITY-ST-ZIP	CHICAGO, IL 60614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [signature] 3/15/08 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #