


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 856259

1. Entity Name
VINEYARD BRANDS, INC.



Principal Place of Business 2000 RESOURCE DRIVE BIRMINGHAM, AL 35242 US	Mailing Address 2000 RESOURCE DRIVE BIRMINGHAM, AL 35242 US
---	---



DO NOT WRITE IN THIS SPACE

03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 94-2217504	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

PERKINS, GREGG
 3515 RIVERSIDE AVE
 JACKSONVILLE, FL 32205

DO NOT WRITE IN THIS SPACE

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 Gregg Perkins DATE 3/16/04

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000093305
 03/22/04-80012-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FABRE, HUBERT 78 ARBOLEDA LANE CARMEL VALLEY, CA 93924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS CASSAVOY, ROBERT 2328 RIDGE TRAIL BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARSHALL, CHRIS 70 SPRING STREET WRENTHAM, MA 02093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAAS, DANIEL E. 1243 'C' STREET SE WASHINGTON, DC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEFF, JERRY L. 3883 LOCKERBIE DR BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETROW, JAN 13 ORCHARD KATONAH, NY 10536

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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] DATE 3/16/04 DAYTIME PHONE # (205)980-8802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #