

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006063

FILED  
Feb 09, 2005  
Secretary of State

Entity Name: ELK RUN VINEYARDS, INC.

**Current Principal Place of Business:**

15113 LIBERTY RD.  
MT. AIRY, MD 21771

**New Principal Place of Business:**

**Current Mailing Address:**

15113 LIBERTY RD.  
MT. AIRY, MD 21771

**New Mailing Address:**

FEI Number: 54-1100538

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLER, WILLARD H JR.  
2190 OVERBROOK AVE., NORTH  
BELLEAIR BLUFFS, FL 337702031 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WILSON, FRED W  
Address: 15113 LIBERTY RD.  
City-St-Zip: MT. AIRY, MD 21771

Title: V ( ) Delete  
Name: BASSFORD, W.O. IV  
Address: 3738 NORTH OAKLAND ST.  
City-St-Zip: ARLINGTON, VA 22207

Title: S ( ) Delete  
Name: WILSON, CAROL L  
Address: 15113 LIBERTY RD.  
City-St-Zip: MT. AIRY, MD 21771

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: WILSON, CAROL L  
Address: 15113 LIBERTY RD.  
City-St-Zip: MT. AIRY, MD 21771

Title: S ( ) Change (X) Addition  
Name: WILSON, KATHERINE D SECRETA  
Address: 15113 LIBERTY RD  
City-St-Zip: MOUNT AIRY, MD 21771 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRED W WILSON

P

02/09/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date