


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000001506 1. Entity Name ALBAN VINEYARDS, INC.	
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Principal Place of Business 8575 ORCUTT RD ARROYO GRANDE, CA 93420	Mailing Address 8575 ORCUTT RD ARROYO GRANDE, CA 93420
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DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 33-0385904	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

AUGUSTAN WINE IMPORTS
 3401 N 29TH AVENUE
 HOLLYWOOD, FL 33020

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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 _____ (NOTE: Registered Agents signature required when re-registering) 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**

U00000038505
 02/06/04-80141-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STC ALBAN, JOHN S 8575 ORCUTT RD ARROYO GRANDE, CA 93420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBAN, SEYMOUR L 1420 BRYANT DRIVE "E" LONG BEACH, CA 90815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALBAN, REVA M 1420 BRYANT DRIVE "E" LONG BEACH, CA 90815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #