

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005527

FILED  
Apr 14, 2004  
Secretary of State

Entity Name: GRAPE LINKS, INC.

**Current Principal Place of Business:**

420 AVIATION BLVD., #106  
SANTA ROSA, CA 95403

**New Principal Place of Business:**

**Current Mailing Address:**

420 AVIATION BLVD., #106  
SANTA ROSA, CA 95403

**New Mailing Address:**

FEI Number: 68-0368833

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PDC ( ) Delete  
Name: HOULIHAN, MICHAEL C  
Address: 420 AVIATION BLVD., #106  
City-St-Zip: SANTA ROSA, CA 95403

Title: VD ( ) Delete  
Name: HARVEY, BONNIE M  
Address: 420 AVIATION BLVD., #106  
City-St-Zip: SANTA ROSA, CA 95403

Title: SD ( ) Delete  
Name: WALL, JENNIFER L  
Address: 456 GOBLET PLACE  
City-St-Zip: WINDSOR, CA 95492

Title: TD ( ) Delete  
Name: MCCORKLE, DOUGLAS J  
Address: 5300 DENVER LANE  
City-St-Zip: SEBASTOPOL, CA 95472

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

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

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

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

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

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: JENNIFER WALL

SD

04/14/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date