

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000138907

Entity Name: AMPHORAE CELLARS, INC.

FILED
Apr 09, 2008
Secretary of State

Current Principal Place of Business:

5286 GANTT ROAD
SARASOTA, FL 34233

New Principal Place of Business:

4366 INDEPENDENCE COURT
C
SARASOTA, FL 34234

Current Mailing Address:

5286 GANTT ROAD
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 20-4098346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISHOP, GERALD F
2831 RINGLING BLVD.
SUITE 218F
SARASOTA, FL 34237 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: D () Delete
Name: GRIEF, GORDON
Address: 5286 GANTT ROAD
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: CAPEL-DAVIES, ROSS H
Address: 5459 BENT GRASS DRIVE, #108
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: CAPEL-DAVIES, ROSS H
Address: 2500 ASHTON ROAD
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GORDON GRIEF

D

04/09/2008

Electronic Signature of Signing Officer or Director

Date