

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P15753 1. Entity Name MEIER'S WINE CELLARS, INC.	
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Principal Place of Business 6955 PLAINFIELD RD. SILVERTON CINCINNATI, OH 45236	Mailing Address 6955 PLAINFIELD RD. SILVERTON CINCINNATI, OH 45236
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DO NOT WRITE IN THIS SPACE



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number 31-0372300	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST SZABO, ROBERT A 3116 BERE A ROAD CLEVELAND, OH
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AS DEERWESTER, MARCIA %6955 PLAINFIELD RD SILVERTON, OH
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP-O LUCIA, JOHN M SR. 6955 PLAINFIELD RD. CINCINNATI, OH 45236
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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05/18/07-80017-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>John M. Lucia, Sr.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John M. Lucia, Sr., Vice President-Operations	4/26/07 (513)891-2900 Date Daytime Phone #