

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17158

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: SHAFER VINEYARDS, INC.

**Current Principal Place of Business:**

6154 SILVERADO TRAIL  
NAPA, CA 94558

**New Principal Place of Business:**

**Current Mailing Address:**

6154 SILVERADO TRAIL  
NAPA, CA 94558

**New Mailing Address:**

FEI Number: 94-2620001

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AUGUSTAN WINE IMPORTS  
9801 PREMIER PKWY  
MIRAMAR, FL 33025 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: S ( ) Delete  
Name: SHAFER, JOHN R.,  
Address: 6154 SILVERADO TRAIL  
City-St-Zip: NAPA, CA 94558 US

Title: PT ( ) Delete  
Name: SHAFER, DOUGLAS F.,  
Address: 1701 PINE STREET  
City-St-Zip: ST. HELENA, CA 94574 US

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

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 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: DOUGLAS F SHAFER

PT

01/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date