

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91233 011 ***158.75

DOCUMENT # P31962

1. Entity Name

FREY VINEYARDS, LTD. CORPORATION



Principal Place of Business

14000 TOMKI ROAD
 REDWOOD VALLEY CA 95470

Mailing Address

14000 TOMKI RD.
 REDWOOD VALLEY CA 95470
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-2672520

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

APPLE-A-DAY BRUCE HEIMAN
 1934 RAINFOREST TR
 SARASOTA FL 34240

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

2/11/04

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FREY, PAUL	
STREET ADDRESS	14000 TOMKI ROAD	
CITY-ST-ZIP	REDWOOD VALLEY CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	FREY, JONATHAN	
STREET ADDRESS	14000 TOMKI ROAD	
CITY-ST-ZIP	REDWOOD VALLEY CA	
TITLE	T	<input type="checkbox"/> Delete
NAME	FREY, MATTHEW	
STREET ADDRESS	14000 TOMKI ROAD	
CITY-ST-ZIP	REDWOOD VALLEY CA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FREY, KATRINA	
STREET ADDRESS	14000 TOMKI RD	
CITY-ST-ZIP	REDWOOD VALLEY CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4/28/04

Date

707-485-5177

Daytime Phone #