

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 856259

1. Entity Name
VINEYARD BRANDS, INC.



Principal Place of Business
**2000 RESOURCE DRIVE
BIRMINGHAM, AL 35242 US**

Mailing Address
**2000 RESOURCE DRIVE
BIRMINGHAM, AL 35242 US**

DO NOT WRITE IN THIS SPACE



02252005 No Chg-P CR2E034 (10/03)

4. FEI Number
94-2217504

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PERKINS, GREGG
3515 RIVERSIDE AVE
JACKSONVILLE, FL 32205**

**DO NOT WRITE
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 Gregg Perkins

2/24/05

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000263665
03/14/05-80103-021 158.75**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
FABRE, HUBERT
78 ARBOLEDA LANE
CARMEL VALLEY, CA 93924**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPS
CASSAVOY, ROBERT
2328 RIDGE TRAIL
BIRMINGHAM, AL 35242**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MARSHALL, CHRIS
70 SPRING STREET
WRENTHAM, MA 02093**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HAAS, DANIEL E.
1243 'C' STREET SE
WASHINGTON, DC**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
NEFF, JERRY L.
3883 LOCKERBIE DR
BIRMINGHAM, AL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PETROW, JAN
13 ORCHARD
KATONAH, NY 10536**

**DO NOT WRITE
IN THIS SPACE**

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

Robert S. Cassavoy 2/24/05

Date

(205)980-8802

Daytime Phone #