


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90104 032 \*\*\*150.00

<b>DOCUMENT # F00000001488</b> 1. Entity Name <b>CLOS LA CHANCE WINES INC</b>			
Principal Place of Business <b>1 HUMMINGBIRD LANE SAN MARTIN, CA 95046</b>		Mailing Address <b>1 HUMMINGBIRD LANE SAN MARTIN, CA 95046</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>136 Wikip Dr. Suite D</b>	
City & State		City & State <b>Santa Rosa, CA</b>	
Zip	Country	Zip <b>95403</b>	Country <b>USA</b>
4. FEI Number <b>77-0406966</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MURPHY, WILLIAM	NAME	
STREET ADDRESS	21511 SARATOGA HEIGHTS	STREET ADDRESS	
CITY-ST-ZIP	SARATOGA, CA	CITY-ST-ZIP	
TITLE	PS	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MURPHY, BRENDA	NAME	
STREET ADDRESS	21511 SARATOGA HEIGHTS	STREET ADDRESS	
CITY-ST-ZIP	SARATOGA, CA	CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>W. Halstead</i>		<b>RECEIVED</b> <b>MAR 06 2006</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

**60022543**



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