


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000001137</b> 1. Entity Name <b>CHAPPELLET WINERY, INC.</b>	
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Principal Place of Business <b>1581 SAGE CANYON RD ST HELENA, CA 94574</b>	Mailing Address <b>1581 SAGE CANYON RD ST HELENA, CA 94574</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01082008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>94-2681414</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LANO, CHRIS 1003 CLINT MOORE RD BOCA RATON, FL 33487</b>
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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 reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CHAPPELLET, DONN 1581 SAGE CANYON RD. HELENA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CHAPPELLET, MARY A 1581 SAGE CANYON RD. HELENA, CA
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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:** Jaqueline Lee, Compliance Officer 1-9-08 707-996-1119  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #