2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001350

Address:

City-St-Zip:

2626 COVE COURT

VISTA, CA 92083

FILED Jan 08, 2004 Secretary of State

Entity Nan	1e: PARAGOI	N VINEYARD CO., INC.				
Current Principal Place of Business:			New Principal Place of Business:			
4915 ORCU SAN LUIS (JTT ROAD OBISPO, CA 9	3401				
Current Mailing Address:			New Mailing Address:			
4915 ORCU SAN LUIS (JTT ROAD OBISPO, CA 9	3401				
FEI Number:	94-0786435	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:			
1200 SOUT	ORATION SYS TH PINE ISLAN DN, FL 33324					
The above in the State	named entity s of Florida.	ubmits this statement for the p	urpose of changing it	ts registered	office or registered agent, or both,	
SIGNATUR	RE:					
	Electroni	c Signature of Registered Age	ent		Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PC () NIVEN, JAMES I 2000 CALIFORN SAN FRANCISC	IIA ST., #206	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	VVCT () NIVEN, JOHN R 1110 BUTTONS ARROYO GRAN	AGE WAY	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	AS () BLANEY, MICHA 3255 FLORA SAN LUIS OBISI		Title: Name: Address: City-St-Zip:	BLANEY, MIC 970 AMBROS		
Title: Name: Address: City-St-Zip:	D () NIVEN, JANE L 8550 E. REMUD SCOTTSDALE, A		Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name:	D () ROWE, JULIA N	Delete	Title: Name:	(() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL N. BLANEY AS 01/08/2004