2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# F02000001350

Entity Name: PARAGON VINEYARD CO., INC.

Current Principal Place of Business:

4915 ORCUTT ROAD
SAN LUIS OBISPO, CA 93401

New Principal Place of Business:

Current Mailing Address:

4915 ORCUTT ROAD
SAN LUIS OBISPO, CA 93401

New Mailing Address:

FEI Number: 94-0786435 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: NIVEN, JAMES H
Address: 2000 CALIFORNIA ST., #206
City-St-Zip: SAN FRANCISCO, CA 94109

Title: VVCT ( ) Delete
Name: NIVEN, JOHN R JR.
Address: 1110 BUTTONSAGE WAY
City-St-Zip: ARROYO GRANDE, CA 93420

Title: AS ( ) Delete
Name: BLANEY, MICHAEL N
Address: 970 AMBROSIA LANE
City-St-Zip: SAN LUIS OBISPO, CA 93401

Title: D ( ) Delete
Name: NIVEN, JANE L
Address: 8550 E. REMUDA DR.
City-St-Zip: SCOTTSDALE, AZ 85255

Title: D ( ) Delete
Name: ROWE, JULIA N
Address: 2626 COVE COURT
City-St-Zip: VISTA, CA 92083

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change ( ) Addition
Name: NIVEN, JAMES H
Address: 322 SPRUCE STREET
City-St-Zip: SAN FRANCISCO, CA 94118

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ROWE, JULIA N
Address: 3630 PROMENTORY PLACE
City-St-Zip: CARLSBAD, CA 92008

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.

SIGNATURE: MICHAEL N. BLANEY AS 01/05/2005

Electronic Signature of Signing Officer or Director Date