2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001350

Entity Name: PARAGON VINEYARD CO., INC.

FILED Jan 05, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
4915 ORCUTT ROAD SAN LUIS OBISPO, CA 93401						
Current Mailing Address:			New Maili	New Mailing Address:		
4915 ORCUTT ROAD SAN LUIS OBISPO, CA 93401						
FEI Number: 94-0786435 FEI Number Applied For () FEI Number No.				licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PC () NIVEN, JAMES 322 SPRUCE S SAN FRANCISO	TREET	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, MICH 970 AMBROSIA SAN LUIS OBIS	LANE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition BLANEY, MICHAEL N 970 AMBROSIA LANE SAN LUIS OBISPO, CA 93401		
Title: Name: Address: City-St-Zip:	D () NIVEN, JANE L 8550 E. REMUI SCOTTSDALE,	DA DR.	Title: Name: Address: City-St-Zip:	()Change()Addition		
Title: Name: Address: City-St-Zip:	D () ROWE, JULIA N 3630 PROMEN CARLSBAD, CA	TORY PLACE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition NIVEN, JOHN H 5885 BUTTERCUP LANE AVILA BEACH, CA 93424 US		
I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 VP 01/05/2007