

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001350

Entity Name: PARAGON VINEYARD CO., INC.

FILED  
Jan 21, 2009  
Secretary of State

## 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: 311 SPRUCE STREET  
City-St-Zip: SAN FRANCISCO, CA 94118

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

Title: VP ( ) 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: 3630 PROMENTORY PLACE  
City-St-Zip: CARLSBAD, CA 92008

Title: VP ( ) Delete  
Name: NIVEN, JOHN H  
Address: 5885 BUTTERCUP LANE  
City-St-Zip: AVILA BEACH, CA 93424 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: WVCT (X) Change ( ) Addition  
Name: NIVEN, JOHN R JR.  
Address: 4905 ORCUTT ROAD  
City-St-Zip: SAN LUIS OBISPO, CA 93401

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 92010

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

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

01/21/2009

Electronic Signature of Signing Officer or Director

Date