

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004743

FILED  
Apr 15, 2004  
Secretary of State

**Entity Name:** LAGUNA CUSTOM CELLARS INCORPORATED

**Current Principal Place of Business:**

P.O. BOX 1088  
GRESERVILLE, CA 95441

**New Principal Place of Business:**

P.O. BOX 1088  
GEYSERVILLE, CA 95441

**Current Mailing Address:**

P.O. BOX 1088  
GRESERVILLE, CA 95441

**New Mailing Address:**

P.O. BOX 1088  
GEYSERVILLE, CA 95441

**FEI Number:** 68-0453910

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BORCHECK, TERESA W  
1521 SUNNYSIDE DRIVE  
MAITLAND, FL 32751 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: PVST ( ) Delete  
Name: HEMPHILL, ALLAN JEROME  
Address: 137 PORTERFIELD CREEK DRIVE  
City-St-Zip: CLOVERDALE, CA 95425

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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:** ALLEN JEROME HEMPHILL

PVST

04/15/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date