

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001680

FILED
Apr 30, 2008
Secretary of State

Entity Name: CUSHMAN WINERY CORPORATION

Current Principal Place of Business:

6905 FOXEN CANYON ROAD
LOS OLIVOS, CA 93441

New Principal Place of Business:

Current Mailing Address:

PO BOX 899
LOS OLIVOS, CA 93441

New Mailing Address:

1471 FIRST STREET
CALISTOGA, CA 94515

FEI Number: 77-0346907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: C () Delete
Name: CUSHMAN, JOHN C III
Address: 601 S. FIGUEROA ST #4700
City-St-Zip: LOS ANGELES, CA 90017

Title: VC () Delete
Name: CUSHMAN, LOUIS B
Address: 2800 POST OFFICE BLVD
City-St-Zip: HOUSTON, TX 77056

Title: D () Delete
Name: CUSHMAN, JEFFREY A
Address: 25 GILBERT ST FLAT D
City-St-Zip: LONDON W1K5HX ENGLAND, OC

Title: D () Delete
Name: CUSHMAN, JOHN C
Address: 12 PARKWAY RD APT 1323
City-St-Zip: BRONXVILLE, NY 10708

Title: P () Delete
Name: WILLIAMS, BROOK C
Address: 1891 RINGSTED DRIVE
City-St-Zip: SOLVANG, CA 93463

Title: VP () Delete
Name: ENGLISH, SUSAN E
Address: 774 MAIN STREET
City-St-Zip: LOS ALAMOS, CA 93440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ANDREA L. ANDERSON

MS.

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date