2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000000403

1. Entity Name
BRONCO WINE COMPANY

Principal Place of Business	Mailing Address
6342 BYSTRUM ROAD POST OFFICE BOX 789 CERES, CA 95307	6342 BYSTRUM ROAD POST OFFICE BOX 789 CERES, CA 95307

01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-2231905
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TYRE
~~TYRA~~, ROD
627 CRESCENT HILLS PL
LAKELAND, FL 33813

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Rodney A. Tyre
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPCF
NAME	FRANZIA, FRED T
STREET ADDRESS	1917-D EDGEBROOK DR
CITY-ST-ZIP	MODESTO, CA
TITLE	CPCE
NAME	FRANZIA, JOSEPH S
STREET ADDRESS	1109 AMHERST
CITY-ST-ZIP	MODESTO, CA
TITLE	CPD
NAME	FRANZIA, JOHN G
STREET ADDRESS	20100 ZUMWALT ROAD
CITY-ST-ZIP	ESCALON, CA
TITLE	T
NAME	LEONARD, DANIEL J
STREET ADDRESS	1018 DOUGLAS AVE
CITY-ST-ZIP	MODESTO, CA
TITLE	S
NAME	ROSSINI, ALBERT W JR
STREET ADDRESS	5518 BLEDSOE RD
CITY-ST-ZIP	DENAIR, CA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/05-80068-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #