

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F93000000403 1. Entity Name BRONCO WINE COMPANY	
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Principal Place of Business
**6342 BYSTRUM ROAD
POST OFFICE BOX 789
CERES, CA 95307**

Mailing Address
**6342 BYSTRUM ROAD
POST OFFICE BOX 789
CERES, CA 95307**



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-2231905	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**TYRE, ROD
627 CRESCENT HILLS PL
LAKELAND, FL 33813**

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IN THIS SPACE**

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 _____
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, 2007 Fee will be \$550.00**

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

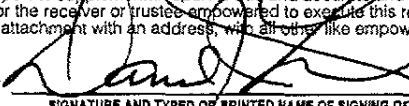
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD FRANZIA, FRED T 1917-D EDGEBROOK DR MODESTO, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPSD FRANZIA, JOSEPH S 1109 AMHERST MODESTO, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD FRANZIA, JOHN G 20100 ZUMWALT ROAD ESCALON, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT LEONARD, DANIEL J 1018 DOUGLAS AVE MODESTO, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Daniel J. Leonard** Date **2007-05-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #