2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 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

DO NOT WRITE IN THIS SPACE

01182007 No Chg-P CR2E034 (11/05)

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, ROD
627 CRESCENT HILLS PL
LAKELAND, FL 33813

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	COBD
NAME	FRANZIA, FRED T
STREET ADDRESS	1917-D EDGEBROOK DR
CITY-ST-ZIP	MODESTO, CA
TITLE	CPSD
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	VPT
NAME	LEONARD, DANIEL J
STREET ADDRESS	1018 DOUGLAS AVE
CITY-ST-ZIP	MODESTO, CA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000610233
02/02/07-80014-006 158.75

DO NOT WRITE 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 _____ 209-556-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #