

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002304

FILED  
May 27, 2004  
Secretary of State

Entity Name: FAR NIENTE WINERY, INC.

**Current Principal Place of Business:**

P.O. BOX 327  
OAKVILLE, CA 94562

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 327  
OAKVILLE, CA 94562

**New Mailing Address:**

FEI Number: 68-0290928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOOTH, LYNN  
1600 N.W. 163RD ST.  
MIAMI, FL 33169 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MAGUIRE, LARRY  
Address: 540 MEADOWOOD LANE  
City-St-Zip: ST. HELENA, CA 94574

Title: V ( ) Delete  
Name: HAMPSON, DIRK  
Address: 150 MADRONA ROAD  
City-St-Zip: SAINT HELENA, CA 94574

Title: S ( ) Delete  
Name: MORREL, REECE  
Address: 5310 E. 31ST ST.  
City-St-Zip: TULSA, OK

Title: D (X) Delete  
Name: NICKEL, GIL  
Address: #1 ACACIA DRIVE  
City-St-Zip: OAKVILLE, CA 94562

Title: T ( ) Delete  
Name: HARWOOD, LAURA E  
Address: 8801 HOLLYLEAF DR  
City-St-Zip: WINDSOR, CA 94592

Title: PART ( ) Delete  
Name: NICKEL, ERIK  
Address: 573 VALLEJO ST  
City-St-Zip: OAKVILLE, CA 94562

**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 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: LAURA HARWOOD

T

05/27/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date