


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90142 050 ***150.00

DOCUMENT # F94000002304					
1. Entity Name FAR NIENTE WINERY, INC.					
Principal Place of Business P.O. BOX 327 OAKVILLE, CA 94562			Mailing Address P.O. BOX 327 OAKVILLE, CA 94562		
2. Principal Place of Business 1 <i>Acacia Drive</i>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Oakville, CA</i>		City & State		4. FEI Number 68-0290928	
Zip <i>94562</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOOTH, LYNN 1600 N.W. 163RD ST. MIAMI, FL 33169			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (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. <input type="checkbox"/>		5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAGUIRE, LARRY	NAME			
STREET ADDRESS	540 MEADOWOOD LANE	STREET ADDRESS			
CITY-ST-ZIP	ST. HELENA, CA 94574	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAMPSON, DIRK	NAME			
STREET ADDRESS	150 MADRONA ROAD	STREET ADDRESS	<i>1755 Dean York Lane</i>		
CITY-ST-ZIP	SAINT HELENA, CA 94574	CITY-ST-ZIP	<i>St. Helena, CA 94574</i>		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORREL, REECE	NAME			
STREET ADDRESS	5310 E. 31ST ST.	STREET ADDRESS			
CITY-ST-ZIP	TULSA, OK	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARWOOD, LAURA E	NAME			
STREET ADDRESS	8801 HOLLYLEAF DR	STREET ADDRESS			
CITY-ST-ZIP	WINDSOR, CA 94592	CITY-ST-ZIP			
TITLE	PART <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NICKEL, ERIK	NAME			
STREET ADDRESS	573 VALLEJO ST	STREET ADDRESS			
CITY-ST-ZIP	OAKVILLE, CA 94562	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Harwood</i>		<i>Laura Harwood</i>		<i>2/21/05 707-944-2861</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	