

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000002304

1. Entity Name
FAR NIENTE WINERY, INC.



Principal Place of Business

**1 ACACIA DRIVE
OAKVILLE, CA 94562**

Mailing Address

**P.O. BOX 327
OAKVILLE, CA 94562**

DO NOT WRITE IN THIS SPACE



02132006 No Chg-P CR2E034 (11/05)

4. FEI Number
68-0290928

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAGUIRE, LARRY
STREET ADDRESS	540 MEADOWOOD LANE
CITY-ST-ZIP	ST. HELENA, CA 94574
TITLE	V
NAME	HAMPSON, DIRK
STREET ADDRESS	1755 DEAN YORK LANE
CITY-ST-ZIP	SAINT HELENA, CA 94574
TITLE	S
NAME	MORREL, REECE
STREET ADDRESS	5310 E. 31ST ST.
CITY-ST-ZIP	TULSA, OK
TITLE	T
NAME	HARWOOD, LAURA E
STREET ADDRESS	8801 HOLLYLEAF DR
CITY-ST-ZIP	WINDSOR, CA 94592
TITLE	PART
NAME	NICKEL, ERIK
STREET ADDRESS	573 VALLEJO ST
CITY-ST-ZIP	OAKVILLE, CA 94562
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/04/06-80037-022 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. Harwood **L. Harwood** CFO

2/16/06

Date

707-944-2861

Daytime Phone #