

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90120 012 ***150.00

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01222007 Chg-P CR2E034 (12/06)

4. FEI Number **68-0290928** ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DOCUMENT # F94000002304

1. Entity Name
FAR NIENTE WINERY, INC.



Principal Place of Business Mailing Address
1 ACACIA DRIVE P.O. BOX 327
OAKVILLE, CA 94562 OAKVILLE, CA 94562

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4223 E. 74 th Street
CITY-ST-ZIP	Tulsa, OK 74135
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1543 MAIN STREET
CITY-ST-ZIP	NAPA, CA 94559
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Laura Harwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura Harwood

Date

1-25-07

Daytime Phone #

707-

944-2861