


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90465 012 ***150.00

DOCUMENT # F94000004079		
1. Entity Name MARIETTA CELLARS, INC.		
Principal Place of Business 22295 CHIANTI RD GEYSERVILLE, CA 95441 US		Mailing Address P O BOX 1436 HEALDSBURG, CA 95448 US
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 800
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State Geyserville, CA
Zip	Country	Zip Country 95441 U.S.



01292007 Chg-P CR2E034 (12/06)

4. FEI Number **68-0189043** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE STACOLE COMPANY, INC.
1003 CLINT MOORE RD
BOCA RATON, FL 33487**

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

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, 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	PCDT	<input type="checkbox"/> Delete
NAME	BILBRO, CHRIS E	
STREET ADDRESS	22295 CHIANTE RD CHIAANTI	
CITY-ST-ZIP	GEYSERVILLE, CA	
TITLE	S	<input type="checkbox"/> Delete
NAME	BILBRO, JACOB	
STREET ADDRESS	233 LINCOLN ST.	
CITY-ST-ZIP	HEALDSBURG, CA 95448	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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		

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: JAKE BILBRO

Jake Bilbro, Sect'y 4/4/07 707-433-2747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #