

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90006 012 \*\*\*150.00

**DOCUMENT # F95000005537**

1. Entity Name  
**GREENFIELD WINE COMPANY**



Principal Place of Business  
**205-B JIM OSWALD WAY  
AMERICAN CYN., CA 94503**

Mailing Address  
**PO BOX 452  
ST. HELENA, CA 94574**

**54054385**



2. Principal Place of Business

3. Mailing Address  
**205-B JIM OSWALD WAY**

04212004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**AMERICAN CANYON, CA**

4. FEI Number  
**68-0224311**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**94503**

**USA**

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

**TROPICAL WINES, INC.  
3000-6 NW 25TH AVE  
POMPANO BCH, FL 33069**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PC** ☐ Delete  
NAME **CARTLIDGE, TONY**  
STREET ADDRESS **2790 SPRING ST.**  
CITY-ST-ZIP **ST. HELENA, CA 94574**

TITLE **CFOS** ☐ Delete  
NAME **TOPPING, HARRY**  
STREET ADDRESS **836 PRINCETON DR**  
CITY-ST-ZIP **SONOMA, CA 95476**

TITLE **D** ☐ Delete  
NAME **GREENWOOD, BRIAN**  
STREET ADDRESS **1056 POMONA AVE.**  
CITY-ST-ZIP **ALBANY, CA 94796**

TITLE **D** ☐ Delete  
NAME **BABBE, ROBERT**  
STREET ADDRESS **2232 PORT ABERDEEN**  
CITY-ST-ZIP **NEWPORT BEACH, CA 92660**

TITLE **D** ☐ Delete  
NAME **MOSER, PAUL**  
STREET ADDRESS **225 BROOKSIDE DR**  
CITY-ST-ZIP **ANGWIN, CA 94508**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 **x Tony Cartlidge, Pres** **x 5-1-04 707 5525199**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #