

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90045 005 \*\*\*150.00  
08-09-2007 90053 028 \*\*\*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  
**205-B JIM OSWALD WAY  
AMERICAN CANYON, CA 94503**

30140763



2. Principal Place of Business - No P.O. Box #  
**205-B JIM OSWALD WAY**  
Suite, Apt. #, etc.

3. Mailing Address  
**205-B JIM OSWALD WAY**  
Suite, Apt. #, etc.

07242007 Chg-P CR2E034 (12/06)

City & State  
**AMERICAN CANYON, CA**  
Zip  
**94503**  
Country  
**USA**

City & State  
**AMERICAN CANYON, CA**  
Zip  
**94503**  
Country  
**USA**

4. FEI Number  
**68-0224311**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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

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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC CARLIDGE, TONY 2790 SPRING ST. ST. HELENA, CA 94574	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS MCKEON, STEPHEN 427 WILSON ST NAPA, CA 94559	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BABBE, ROBERT 2232 PORT ABERDEEN NEWPORT BEACH, CA 92660	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSER, PAUL 225 BROOKSIDE DR ANGWIN, CA 94508	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLOTHIER, BRIAN 805 LAKE ST #2 SAN FRANCISCO, CA 94118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MCKEON, STEPHEN 204 NEWTON CT W. LAFAYETTE, IN 47906	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P./DIRECTOR BABBE, ROBERT 3473 WESTMINSTER WAY NAPA, CA 94558	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MOSER, PAUL 39 CULBERTSON COURT NAPA, CA 94558	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/SEC/DIRECTOR CLOTHIER, BRIAN 134 3RD AVE SAN FRANCISCO, CA 94118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X** *Brian T. Clothier* **BRIAN CLOTHIER X**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**707-552-5199**