


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F95000005537 .</b> 1. Entity Name <b>GREENFIELD WINE COMPANY</b>	
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Principal Place of Business <b>205-B JIM OSWALD WAY AMERICAN CYN., CA 94503</b>	Mailing Address <b>205-B JIM OSWALD WAY AMERICAN CANYON, CA 94503</b>
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02262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>68-0224311</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000852980 03/26/08-80051-005 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC CARTLIDGE, TONY 2790 SPRING ST. ST. HELENA, CA 94574
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEON, STEPHEN 204 NEWTON CT WEST LAFAYETTE, IN 47906
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BABBE, ROBERT 3473 WESTMINSTER WAY NAPA, CA 94558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSER, PAUL 39 CULBERTSON COURT NAPA, CA 94558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS CLOTHIER, BRIAN 134 3RD AVE SAN FRANCISCO, CA 94118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 another like empowered.

**SIGNATURE: X** *Bert O...* **3/3/08** **707 552 5199**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #