

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005537

Entity Name: GREENFIELD WINE COMPANY

FILED
Aug 14, 2009
Secretary of State

Current Principal Place of Business:

205-B JIM OSWALD WAY
AMERICAN CYN., CA 94503

New Principal Place of Business:

Current Mailing Address:

205-B JIM OSWALD WAY
AMERICAN CANYON, CA 94503

New Mailing Address:

205-B JIM OSWALD WAY
AMERICAN CYN., CA 94503

FEI Number: 68-0224311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: CARTLIDGE, TONY
Address: 2790 SPRING ST.
City-St-Zip: ST. HELENA, CA 94574

Title: D () Delete
Name: MCKEON, STEPHEN
Address: 204 NEWTON CT
City-St-Zip: WEST LAFAYETTE, IN 47906

Title: VPD () Delete
Name: BABBE, ROBERT
Address: 3473 WESTMINSTER WAY
City-St-Zip: NAPA, CA 94558

Title: D () Delete
Name: MOSER, PAUL
Address: 39 CULBERTSON COURT
City-St-Zip: NAPA, CA 94558

Title: CFOS () Delete
Name: CLOTHIER, BRIAN
Address: 134 3RD AVE
City-St-Zip: SAN FRANCISCO, CA 94118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY CARTLIDGE

PRES

08/14/2009

Electronic Signature of Signing Officer or Director

Date