


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2005 8:00 am
Secretary of State

05-03-2005 90109 022 ***150.00

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| DOCUMENT # F96000000040 1. Entity Name VINE CLIFF WINERY, INC. |  |
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| Principal Place of Business 7400 SILVERADO TRAIL NAPA, CA 94558 | Mailing Address 7400 SILVERADO TRAIL NAPA, CA 94558 |
|---|---|

0004J011



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04212005 No Chg-P CR2E034 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 68-0320137 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

5. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE, FL 32301

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6. 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, 2005 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PCEO SWEENEY, NELL M 7400 SILVERADO TRAIL NAPA, CA 94558 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V SWEENEY, CHARLES M 7400 SILVERADO TRAIL NAPA, CA 94558 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | COOV SWEENEY, ROBERT G 7400 SILVERADO TRAIL NAPA, CA 94558 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplements 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 without other like empowerment.

SIGNATURE: *[Signature]* May 21, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date