

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001018

Entity Name: JACKSON FAMILY WINES, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

421 AVIATION BLVD.
SANTA ROSA, CA 95403

New Principal Place of Business:

Current Mailing Address:

425 AVIATION BLVD
SANTA ROSA, CA 95403

New Mailing Address:

FEI Number: 94-3040414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: GBD () Delete
Name: HARTFORD, DONALD M JR
Address: 421 AVIATION BLVD
City-St-Zip: SANTA ROSA, CA 95403

Title: SVP () Delete
Name: WESSELKAMPER, JEFF D
Address: 421 AVIATION BOULEVARD
City-St-Zip: SANTA ROSA, CA 95403

Title: CHR () Delete
Name: JACKSON, JESS S
Address: 421 AVIATION BLVD.
City-St-Zip: SANTA ROSA, CA 95403 10

Title: VC () Delete
Name: BANKE, BARBARA R
Address: 421 AVIATION BLVD.
City-St-Zip: SANTA ROSA, CA 95403 10

Title: SVP () Delete
Name: COMSTOCK, TYLER J
Address: 421 AVIATION BLVD.
City-St-Zip: SANTA ROSA, CA 95403 10

Title: SEC () Delete
Name: STEIN, LEONARD R
Address: 421 AVIATION BOULEVARD
City-St-Zip: SANTA ROSA, CA 95403 10

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
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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: JEFF D. WESSELKAMPER

SVP

04/29/2008

Electronic Signature of Signing Officer or Director

Date