

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000006527

1. Entity Name
THE NIGHTWINE COMPANY



Principal Place of Business
**40 W. OVERHILL CIR
MEDIA, PA 19063**

Mailing Address
**1100 S STATE RD 7 SUITE 203
MARGATE, FL 33068**



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number
23-3031901

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FLEMING, BRIAN C
1100 S STATE RD 7 SUITE 203
MARGATE, FL 33068**

**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 _____

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

1000000100146
03/31/04-80034-017 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LYONS, LINDA
40 W. OVERHILL CIRCLE
MEDIA, PA 19063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HALL, CHRISTINE
850 CLUB CHASE LANE
ROSWELL, GA 30076**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FLEMING, LORRIE
910 CROFTERS PASS
ALPHARETTA, GA 30022**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/04

800 537-8003