2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 12, 2004 8:00 am
Secretary of State

04-07-2004 90012 024 ***150.00

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04032004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000011067

1. Entity Name
VINEYARDS OF FRANCE, INC.

Principal Place of Business
138 REDWING ROAD
TAVERNIER, FL 33070

Mailing Address
138 REDWING ROAD
TAVERNIER, FL 33070

2. Principal Place of Business
110 PORTO SALUG DR.
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 668
Suite, Apt. #, etc.

City & State: ISLAMORADA, FL.
Zip: 33036 Country: MONROE

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Zip: 33036 Country: MONROE

4. FEI Number: 52-2094100 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GARANT, ROBERT
~~138 REDWING ROAD~~
~~TAVERNIER, FL 33070~~

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
101 GULF VIEW DRIVE
UNIT #208
City: ISLAMORADA. FL Zip Code: 33036

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: ROBERT GARANT 4/3/04
Signature, name 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARANT, ROBERT ~~138 REDWING ROAD~~ ~~TAVERNIER, FL 33070~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition 101 GULF VIEW DR. #208 ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(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: ROBERT GARANT 4/3/04 305-522-4228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #