2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000143230

1. Entity Name
LOG CABIN WINERY, INC.

Principal Place of Business	Mailing Address
394 SISCO DIRT ROAD SATSUMA, FL 32178	394 SISCO DIRT ROAD SATSUMA, FL 32178

DO NOT WRITE IN THIS SPACE

01082007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
20-3748386		Not Applicable

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

6. Name and Address of Current Registered Agent

THROPP, KELLIE J
394 SISCO DIRT RD
SATSUMA, FL 32189

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 _(Kellie J. Thropp)_   DATE 1/9/09

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

000000591282
01/19/07-80016-019 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS	
TITLE	DP	
NAME	THROPP, KELLIE J	
STREET ADDRESS	394 SISCO DIRT ROAD	
CITY-ST-ZIP	SATSUMA, FL 32189	
TITLE	DV	
NAME	THROPP, ROBERT J JR.	
STREET ADDRESS	376 COUNTY ROAD 309	
CITY-ST-ZIP	SATSUMA, FL 32189	
TITLE	DST	
NAME	THROPP, RUTHANN	
STREET ADDRESS	376 COUNTY ROAD 309	
CITY-ST-ZIP	SATSUMA, FL 32189	
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 exemptions contained 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 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: _(Kellie J. Thropp), President_ 1/9/09 (386)467-2177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #