

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000143230

Entity Name: LOG CABIN WINERY, INC.

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

394 SISCO DIRT ROAD
SATSUMA, FL 32178

New Principal Place of Business:

376 COUNTY ROAD 309
SATSUMA, FL 32178

Current Mailing Address:

394 SISCO DIRT ROAD
SATSUMA, FL 32178

New Mailing Address:

376 COUNTY ROAD 309
SATSUMA, FL 32178

FEI Number: 20-3748386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

THROPP, KELLIE J
376 COUNTY ROAD 309
SATSUMA, FL 32189 US

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: KELLIE THROPP

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: THROPP, KELLIE J
Address: 394 SISCO DIRT ROAD
City-St-Zip: SATSUMA, FL 32189

Title: DV () Delete
Name: THROPP, ROBERT J JR.
Address: 376 COUNTY ROAD 309
City-St-Zip: SATSUMA, FL 32189

Title: DST () Delete
Name: THROPP, RUTHANN
Address: 376 COUNTY ROAD 309
City-St-Zip: SATSUMA, FL 32189

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:

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: KELLIE THROPP

DP

04/17/2009

Electronic Signature of Signing Officer or Director

Date