

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P14011**

1. Entity Name  
**CONSTELLATION BRANDS, INC.**



Principal Place of Business

**370 WOODCLIFF DRIVE, 3RD FLOOR, STE 300  
FAIRPORT, NY 14450 US**

Mailing Address

**370 WOODCLIFF DRIVE, 3RD FLOOR, STE 300  
FAIRPORT, NY 14450 US**



04192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>16-0716709</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U00000527798  
05/05/06-80011-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE	CEOD
NAME	SANDS, RICHARD
STREET ADDRESS	370 WOODCLIFF DRIVE, 3RD FLOOR
CITY-ST-ZIP	FAIRPORT, NY 14450

TITLE	POD
NAME	SANDS, ROBERT S.
STREET ADDRESS	370 WOODCLIFF DRIVE, 3RD FLOOR
CITY-ST-ZIP	FAIRPORT, NY 14450

TITLE	EVFO
NAME	SUMMER, THOMAS S.
STREET ADDRESS	370 WOODCLIFF DRIVE, 3RD FLOOR
CITY-ST-ZIP	FAIRPORT, NY 14450

TITLE	EVHR
NAME	WILSON, W. KEITH
STREET ADDRESS	370 WOODCLIFF DRIVE, 3RD FLOOR
CITY-ST-ZIP	FAIRPORT, NY 14450

TITLE	SV
NAME	HUMPHREY, PERRY R.
STREET ADDRESS	370 WOODCLIFF DRIVE, 3RD FLOOR
CITY-ST-ZIP	FAIRPORT, NY 14450

TITLE	SVS
NAME	SORCE, DAVID S.
STREET ADDRESS	370 WOODCLIFF DRIVE, 3RD FLOOR
CITY-ST-ZIP	FAIRPORT, NY 14450

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 21, 2006** (585) 218-3646  
Date Daytime Phone #