


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P14330</b> 1. Entity Name <b>DELICATO VINEYARDS INCORPORATED</b>	
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Principal Place of Business <b>12001 S. HIGHWAY 99 MANTECA, CA 95336</b>	Mailing Address <b>12001 S. HIGHWAY 99 MANTECA, CA 95336</b>
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01302006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>94-2212174</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>QUINTER, ROBERT 9960 ROYAL CARDIGAN WAY WELLINGTON, FL 33411</b>
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**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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD INDELICATO, FRANK 11845 S. HIGHWAY 99 MANTECA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD IDELICATO, DOROTHY 4140 E. FRENCH CAMP RD. MANTECA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INDELICATO, JASPER 20700 AUSTIN ROAD MANTECA, CA 95336
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD INDELICATO, CHRISTOPHER 1193 BLUE TEAL PLACE MANTECA, CA 95337
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB INDELICATO, VINCENT 4140 E FRENCH CAMP ROAD MANTECA, CA 95336
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/09/06-80113-022 158.75

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**RECEIVED**

**APR 10 2006**

**CIU REV/ADM**

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: *Dorothy Inelicato* April 5., 2006 (209) 824-3694  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #