

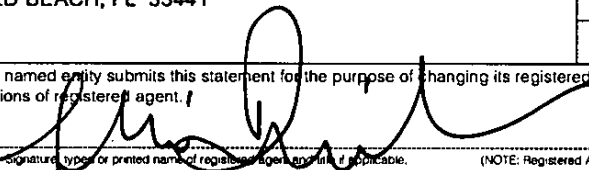
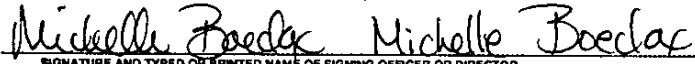


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90021 032 ***150.00

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # P16297 1. Entity Name JEPSON VINEYARDS, LTD. CORPORATION | | | |  | |
| Principal Place of Business 10400 S. HIGHWAY 101 UKIAH, CA 95482 | | | Mailing Address 10400 S. HIGHWAY 101 UKIAH, CA 95482 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent LARKIN, BOB PACIFIC SOUTHERN WINE CO 1460 S.E. 14TH COURT DEERFIELD BEACH, FL 33441 | | | | 7. Name and Address of New Registered Agent Name Shai Froelich Street Address (P.O. Box Number is Not Acceptable) Opici Wine Company 1425 Watertower Road City Lake Park FL Zip Code 33404 | |
| 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  DATE 2.7.05 <small>(NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | VC JEPSON, ROBERT S., JR. 1 SKIDWAY VILLAGE WALK SAVANNAH, GA <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michelle Boeckx 10400 South Hwy. 101 Ukiah, CA 95482 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COO JEPSON, ROBERT S III <input checked="" type="checkbox"/> Delete 10400 S HWY 101 UKIAH, CA 95482 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  Michelle Boeckx 2/14/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |