

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16825

FILED
Apr 20, 2005
Secretary of State

Entity Name: DUCKHORN WINE COMPANY

Current Principal Place of Business:

1000 LODI LANE
ST. HELENA, CA 94574 US

New Principal Place of Business:

Current Mailing Address:

1000 LODI LANE
ST. HELENA, CA 94574 US

New Mailing Address:

FEI Number: 94-2345103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREMIER BEVERAGE
8221 EAGLE PALM DR
RIVER VIEW, FL 33509 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COOG () Delete
Name: RYAN, ALEX
Address: 2220 PALMER DR
City-St-Zip: ST HELENA, CA 94574

Title: EVP () Delete
Name: DUCKHORN, MARGARET
Address: 516 MEADOWOOD LANE
City-St-Zip: ST. HELENA, CA

Title: D () Delete
Name: BRAMAN, NORMAN
Address: 1 INDIAN CK ISL
City-St-Zip: VILLAGE OF INDIAN CREEK, FL 33154

Title: PTD () Delete
Name: DUCKHORN, DANIEL J
Address: 516 MEADOWOOD LANE
City-St-Zip: ST. HELENA, CA

Title: CFO () Delete
Name: DEMERRITT, DOUG
Address: 2132 W LINCOLN
City-St-Zip: NAPA, CA 94574

Title: VP () Delete
Name: PRZYBYLINSKI, PETE
Address: 1184 HUDSON STREET
City-St-Zip: ST HELENA, CA 94574

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EVP (X) Change () Addition
Name: DUCKHORN, MARGARET
Address: 516 MEADOWOOD LANE
City-St-Zip: ST. HELENA, CA 94574

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PTD (X) Change () Addition
Name: DUCKHORN, DANIEL J
Address: 1885 CABERNET LN
City-St-Zip: ST. HELENA, CA 94574

Title: CFO (X) Change () Addition
Name: DEMERRITT, DOUG
Address: 2132 W LINCOLN
City-St-Zip: NAPA, CA 94558

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOUG DEMERRITT

CFO

04/20/2005

Electronic Signature of Signing Officer or Director

_____ Date