2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17129

WELLS, JAN

3741 FAMR HILL BLVD

REDWOOD CITY, CA

Name:

Address:

City-St-Zip:

CANNON WINES LIMITED CO

FILED Jul 01, 2004 Secretary of State

Entity Na	me: CANNOI	N VVINES LIMITED CO.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
350 SANSOME ST. #1010 SAN FRANCISCO, CA 94104			350 SANSOME ST. #800 SAN FRANCISCO, CA 94104		
Current Mailing Address:			New Mailing Address:		
350 SANSOME ST. #1010 SAN FRANCISCO, CA 94104			350 SANSOME ST. #800 SAN FRANCISCO, CA 94104		
FEI Number	: 94-2547459	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
	RATHON LANE	: 333124610 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (MYERS, EARL 2001 CALIFOR SAN FRANCIS	NIA ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (WONG, AGNE 320 PENINSUL SAN MATEO, (A AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (GASPERI, REI 2450 UNION S SAN FRANCIS	т.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	V (X) Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: AGNES WONG T 07/01/2004