

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P17657**

1. Entity Name  
**CAYMUS VINEYARDS, INCORPORATED**



Principal Place of Business  
**8700 CONN CREEK ROAD  
RUTHERFORD, CA 94573 US**

Mailing Address  
**PO BOX 268  
RUTHERFORD, CA 94573**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**



03222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>94-2151816</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**SOUTHERN WINE & SPIRITS  
1600 NW 163RD ST  
MIAMI, FL 32169**

**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, 2004 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	P WAGNER, CHARLES J. 8744 CONN CREEK RD. RUTHERFORD, CA
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST PERRY, KAREN 3469 WESTMINSTER WAY NAPA, CA
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000098898  
03/29/04-80065-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Charles Wagner* **3-24-04 707-963-4204**

Date Daytime Phone #