


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P17749		
1. Entity Name BILTMORE ESTATE WINE COMPANY		
Principal Place of Business BILTMORE ESTATE WINE CO. BILTMORE ESTATE ASHEVILLE, NC 28803 US	Mailing Address ONE NORTH PACK SQUARE ASHEVILLE, NC 28801-3423	

FILED
Aug 01, 2008 08:00 AM
Secretary of State



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1370858	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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)

U00000956862

08/01/08-80000-004 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CECIL, WILLIAM A.V. JR ONE NORTH PACK SQUARE ASHEVILLE, NC 28801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CECIL, WILLIAM A.V. ONE NORTH PACK SQUARE ASHEVILLE, NC 28801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV CECIL, MARY RYAN ONE NORTH PACK SQUARE ASHEVILLE, NC 28801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WATSON, STEVE ONE NORTH PACK SQUARE ASHEVILLE, NC 28801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, STEVE ONE NORTH PACK SQUARE ASHEVILLE, NC 28801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PICKERING, GEORGE W ONE NORTH PACK SQUARE ASHEVILLE, NC 28801

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Watson
Steve Watson

7/14/08
Date

828-225-6746
Daytime Phone #