2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008
Secretary of State

DOCUMENT# P18638

Entity Name: GUENOC WINERY, INC.

Current Principal Place of Business:

21,000 BUTTS CANYON RD.
MIDDLETOWN, CA 95461

New Principal Place of Business:

Current Mailing Address:

21000 BUTTS CANYON RD
MIDDLETOWN, CA 95461 US

New Mailing Address:

21,000 BUTTS CANYON RD.
MIDDLETOWN, CA 95461

FEI Number: 13-3077410 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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: PD ( ) Delete
Name: MANSON, EASTON T
Address: 4343 KAHALA AVENUE
City-St-Zip: HONOLULU, HI 96816

Title: D ( ) Delete
Name: CHONG, KENWEI
Address: 4562 AUKAI AVENUE
City-St-Zip: HONOLULU, HI 96816

Title: D ( ) Delete
Name: CROWLEY, WILLIAM T
Address: 1114 PUNAHOU ST
City-St-Zip: HONOLULU, HI 96826

Title: D ( ) Delete
Name: BELL, THOMAS MCCLURE
Address: 2723 POOHONUA ST
City-St-Zip: HONOLULU, HI 96822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TERI MOLINI AIF 03/06/2008

Electronic Signature of Signing Officer or Director Date