2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P20393

1. Entity Name
RAYMOND VINEYARD & CELLAR, INCORPORATED

FILED
Apr 05, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
849 ZINFANDEL LANE ST. HELENA, CA 94574	849 ZINFANDEL LANE ST. HELENA, CA 94574

03182004 No Chg-P CR2E034 (10/03)

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4. FEI Number
94-2684406
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DICK, MEL
SOUTHERN WINE SPIRITS
1600 NW 163RD
MIAMI, FL 33169

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	RAYMOND, ROY JR.
STREET ADDRESS	555 WHEELER WAY
CITY-ST-ZIP	ST. HELENA, CA
TITLE	SD
NAME	RAYMOND, WALTER
STREET ADDRESS	1522 CHABLIS CIRCLE
CITY-ST-ZIP	ST. HELENA, CA
TITLE	D
NAME	MASUDA, TAKESKI
STREET ADDRESS	2435 ALLEGHERY DR
CITY-ST-ZIP	NAPA, CA 94558
TITLE	D
NAME	SATO, YASUHIRO
STREET ADDRESS	2-12-4 MINAMI-NARUSE, MACHIDA-SHI
CITY-ST-ZIP	TOKYO, JAPAN,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/05/04-80063-025 150.00

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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: Roy Raymond 3-19-04 707-963-3141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Roy Raymond, Pres.