


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P20393 1. Entity Name RAYMOND VINEYARD & CELLAR, INCORPORATED	
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Principal Place of Business 849 ZINFANDEL LANE ST. HELENA, CA 94574	Mailing Address 849 ZINFANDEL LANE ST. HELENA, CA 94574
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02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-2684406	Applied For Not Applicable
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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

**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, 2005 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	PD RAYMOND, ROY JR. 555 WHEELER WAY ST. HELENA, CA
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD RAYMOND, WALTER 1522 CHABLIS CIRCLE ST. HELENA, CA
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D MASUDA, TAKESKI 2435 ALLEGHERY DR NAPA, CA 94558
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D SATO, YASUHIRO 2-12-4 MINAMI-NARUSE, MACHIDA-SHI TOKYO, JAPAN,
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

1100000236534
02/21/05-80023-0014 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


Date

707-963-314
Daytime Phone #