

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90011 024 \*\*\*158.75

**DOCUMENT # P20393**

1. Entity Name  
**RAYMOND VINEYARD & CELLAR, INCORPORATED**



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

Mailing Address  
**849 ZINFANDEL LANE  
ST. HELENA, CA 94574**

400000100



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RAYMOND, ROY JR
STREET ADDRESS	555 WHEELER WAY
CITY - ST - ZIP	ST. HELENA, CA
TITLE	P
NAME	RAYMOND, WALTER
STREET ADDRESS	1522 CHABLIS CIRCLE
CITY - ST - ZIP	ST. HELENA, CA
TITLE	D
NAME	MASUDA, TAKESHI
STREET ADDRESS	2436 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	

**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:**

*Jacqueline Lee Compliance Officer* 1-10-08 707-996-1119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #