


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P22230 1. Entity Name RIDGE VINEYARDS, INC.	
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Principal Place of Business 17100 MONTE BELLO RD. CUPERTINO, CA 95014 US	Mailing Address PO BOX 1810 CUPERTINO, CA 95015
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DO NOT WRITE IN THIS SPACE



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number 94-1654621	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEDIA, RON
15960 NW 15TH AVE
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	TS STURROCK, WILMA J. 13350 MONTE BELLO ROAD CUPERTINO, CA 95014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STURROCK, WILMA J. 13350 MONTE BELLO ROAD CUPERTINO, CA 95014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REISEN, DONN P. 2659 ALPINE ROAD MENLO PARK, CA 94025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DRAPER, PAUL 17100 MONTE BELLO RD. CUPERTINO, CA 95014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO VERNON, MARK 12119 FOOTHILL LANE LOS ALTOS HILLS, CA 94022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000703962
 04/20/07-80162-002 150.00

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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:  **4/10/2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #