

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P23572

1. Entity Name
CLOS DU VAL WINE COMPANY, LTD. INCORPORATED



Principal Place of Business
**5330 SILVERADO TRAIL
NAPA, CA 94558 US**

Mailing Address
**PO BOX 4350
NAPA, CA 94558 US**



04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-2197438

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BENNETT, ANNE
SOUTHERN WINES & SPIRITS
1600 NORTHWEST 163RD STREET
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	PTD
NAME	PORTET, BERNARD M
STREET ADDRESS	5330 SILVERADO TRAIL
CITY-ST-ZIP	NAPA, CA
TITLE	D
NAME	GOELET, JOHN
STREET ADDRESS	22 EAST 67TH
CITY-ST-ZIP	NEW YORK, NY
TITLE	SD
NAME	RICH, ROBERT S.
STREET ADDRESS	370-17TH STREET
CITY-ST-ZIP	DENVER, CO
TITLE	CEO
NAME	CAMPBELL, DAVID B
STREET ADDRESS	5330 SILVERADO TRAIL
CITY-ST-ZIP	NAPA, CA 94558
TITLE	T
NAME	CAMBRON, WILLIAM
STREET ADDRESS	5330 SILVERADD TRAIL
CITY-ST-ZIP	NAPA, CA 94558
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000397201

04/15/05-80045-023 150.00

**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

Daytime Phone #

William Cambron **William Cambron** 4.5.05 707.261.5200