

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90028 002 ***150.00

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132006

Chg-P

CR2E034 (11/05)

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

7. Name and Address of Now Registered Agent

**BENNETT, ANNE
SOUTHERN WINES & SPIRITS
1600 NORTHWEST 163RD STREET
MIAMI, FL 33169**

Name **Ken Lapham**

Street Address (P.O. Box Number is Not Acceptable)

2418 Marathon Lane

City **Fort Lauderdale**

FL

Zip Code **33312**

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

Ken Lapham

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-23-06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **PORTET, BERNARD M**
STREET ADDRESS **5330 SILVERADO TRAIL**
CITY-ST-ZIP **NAPA, CA**

TITLE **D** ☒ Change ☐ Addition
NAME **Portet, Bernard M**
STREET ADDRESS **5330 Silverado Trail**
CITY-ST-ZIP **Napa CA 94558**

TITLE **D** ☐ Delete
NAME **Goelet, John**
STREET ADDRESS **22 EAST-67TH**
CITY-ST-ZIP **NEW YORK, NY**

TITLE **P** ☐ Change ☒ Addition
NAME **Goelet, Christopher**
STREET ADDRESS **2330 W. Joppa Rd., Ste. 330**
CITY-ST-ZIP **Lutherville MD 21093**

TITLE **SD** ☐ Delete
NAME **RICH, ROBERT S.**
STREET ADDRESS **370-17TH STREET**
CITY-ST-ZIP **DENVER, CO**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CEO** ☐ Delete
NAME **CAMPBELL, DAVID B**
STREET ADDRESS **5330 SILVERADO TRAIL**
CITY-ST-ZIP **NAPA, CA 94558**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **CAMBON, WILLIAM**
STREET ADDRESS **5330 SILVERADD TRAIL**
CITY-ST-ZIP **NAPA, CA 94558**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #