


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90029 042 ***150.00

DOCUMENT # P23572 1. Entity Name CLOS DU VAL WINE COMPANY, LTD. INCORPORATED	
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Principal Place of Business 5330 SILVERADO TRAIL NAPA, CA 94558 US	Mailing Address PO BOX 4350 NAPA, CA 94558 US
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03042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-2197438	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**LAPHON, KEN
2418 MARATHON LANE
FORT LAUDERDALE, FL 33312**

**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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTET, BERNARD M 5330 SILVERADO TRAIL NAPA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOELET, JOHN 2330 W JOPPA RD STE 330 LUTHERVILLE TIMONIUM, MD 21093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICH, ROBERT S. 370-17TH STREET DENVER, CO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMBRON, WILLIAM 5330 SILVERADD TRAIL NAPA, CA 94558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALZ, ROBERT 5330 SILVERADO TRAIL NAPA, CA 94558
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: W B Conlin **3-10-08 707-261-5200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #