

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P24590

1. Entity Name
FROG'S LEAP WINERY INCORPORATED



Principal Place of Business Mailing Address
8815 CONN CREEK RD P.O. BOX 189
RUTHERFORD, CA 94573 RUTHERFORD, CA 94573-0189 US

FILED
Feb 12, 2005 08:00 AM
Secretary of State



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
94-2898236 Not Applicable

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

6. Name and Address of Current Registered Agent

BENNETT, ANNE
1600 NW 163 ST.
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 reinstalling) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

000000227293
02/12/05-80051-003 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME WILLIAMS, JOHN T.
STREET ADDRESS 1620 SO WHITEHALL LANE
CITY-ST-ZIP ST. HELENA, CA

TITLE CFOS
NAME GATES, GARY
STREET ADDRESS 146 KNOLL CIRCLE
CITY-ST-ZIP SAINT HELENA, CA 94574

TITLE D
NAME MOORE, HENRY
STREET ADDRESS 205 LANDING DRIVE
CITY-ST-ZIP WOODSIDE, CA 94062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Gary Gates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/05

707-963-4704

Date

Daytime Phone #