


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P24697**  
 1. Entity Name  
**NEWTON VINEYARD, INCORPORATED**



Principal Place of Business 2555 MADRONA AVENUE P.O. BOX 540 ST. HELENA, CA 94574	Mailing Address 2555 MADRONA AVENUE P.O. BOX 540 ST. HELENA, CA 94574
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**DO NOT WRITE IN THIS SPACE**



02172005 No Chg-P CR2E034 (10/03)

4. FEI Number 68-0464918	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**DICK, MEL**  
 1600 N.W. 163RD ST.  
 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 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 NAME STREET ADDRESS CITY-ST-ZIP	PM NEWTON, PETER L. 2555 MADRONA AVE ST. HELENA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTM NEWTON, SU HUA 2555 MADRONA AVE ST. HELENA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOLLMAN, RUSSELL J. 230 MARIN OAKS DRIVE NOVATO, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GUILIANO, MIREILLE 9 PRINCETON DR DIX HILLS, NY 11746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SAWITSKY, WALTER M 44 TOWNLINE COURT HAUPPAUGE, NY 11788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MAYER, MICHAEL 1340 CLAY ST APT # 305 SAN FRANCISCO, CA 94109

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 03/08/05-80018-012 150.00

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: 2/18/05 Day/Time Phone #: 707-963-9000