


**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 <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 DICK, MEL 1600 N.W. 163RD 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 2/18/05 <small>Date</small>	707-963-9000 <small>Daytime Phone #</small>
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