

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27518

FILED
Apr 08, 2005
Secretary of State

Entity Name: NAPA VALLEY SPECIALTY WINES INCORPORATED

Current Principal Place of Business:

385 LA FATA ST
ST. HELENA, CA 94574 US

New Principal Place of Business:

Current Mailing Address:

385 LA FATA ST
ST. HELENA, CA 94574 US

New Mailing Address:

FEI Number: 68-0199854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRNE, BILL, SR.
2467 S.E. 15TH STREET
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COX, JAMES E.,
Address: 19 FOREST DRIVE
City-St-Zip: NAPA, CA

Title: VD () Delete
Name: HARDY, FREDERIC MICH, AEL
Address: 620 HARVEST LANE
City-St-Zip: ST. HELENA, CA

Title: V () Delete
Name: RONEY, PATRICK A.,
Address: 3118 CONCORD WAY
City-St-Zip: LONGMONT, CO

Title: VS () Delete
Name: DOTY, RICK L.,
Address: P.O. BOX 6801 N.A.
City-St-Zip: SANTA ROSA, CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. COX

PD

04/08/2005

Electronic Signature of Signing Officer or Director

Date