

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90425 040 \*\*\*150.00

40003000



04272007 Chg-P CR2E034 (12/06)

4. FEI Number **95-4241120** ☐ Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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, 2007 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	FREEMAN, STEPHEN	
STREET ADDRESS	185 GREENWOOD RD	
CITY-ST-ZIP	NAPA, CA 94558	
TITLE	T	<input type="checkbox"/> Delete
NAME	PREIMESBERGER, DAVIS	
STREET ADDRESS	185 GREENWOOD ROAD	
CITY-ST-ZIP	NAPA, CA 94558	
TITLE	S	<input type="checkbox"/> Delete
NAME	TROXEL, DAVID B MD	
STREET ADDRESS	185 GREENWOOD ROAD	
CITY-ST-ZIP	NAPA, CA 94559	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHARLES, DAVID M MD	
STREET ADDRESS	185 GREENWOOD RD	
CITY-ST-ZIP	NAPA, CA 94558	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEPPARD, ROBERT	
STREET ADDRESS	185 GREENWOOD ROAD	
CITY-ST-ZIP	NAPA, CA 94558	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	ANDERSON, RICHARD E MD	
STREET ADDRESS	185 GREENWOOD RD	
CITY-ST-ZIP	NAPA, CA 94558	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Freedman, Stephen	
STREET ADDRESS	185 Greenwood Rd.	
CITY-ST-ZIP	Napa, Ca 94558	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Preimesberger, David	
STREET ADDRESS	185 Greenwood Rd, Napa, Ca 94558	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chrisman, Kenneth R	
STREET ADDRESS	185 Greenwood Rd, Napa Ca 94558	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kossman, Charles R	
STREET ADDRESS	185 Greenwood Rd, Napa Ca 94558	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zeller, Randall K	
STREET ADDRESS	185 Greenwood Rd, Napa, Ca 94558	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: David Preimesberger Date: 4/27/07 Daytime Phone #: 707-226-0100