

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 08, 2004 8:00 am
Secretary of State

06-08-2004 90002 024 ***550.00

DOCUMENT # P30210

1. Entity Name:

RENAISSANCE VINEYARD & WINERY, INCORPORATED



Principal Place of Business

P.O. BOX 1000
OREGON HOUSE CA 95962
US

Mailing Address

P.O. BOX 1000
OREGON HOUSE CA 95962
US

44090661



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
94-2493221

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CELLARBRATION MARKETING INC
414 LAKESHORE DRIVE
LAKE PARK FL 33403

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD ☒ Delete
NAME ROMANO, ANNA
STREET ADDRESS 13838 INGERSOLL DRIVE
CITY-ST-ZIP DOBBINS CA 95935

TITLE PD ☒ Delete
NAME QUARTERLY-WATSON, TIM
STREET ADDRESS 125624 REGENT WAY
CITY-ST-ZIP OREGON HOUSE CA 95962

TITLE T ☒ Delete
NAME ROMANO, ANNA
STREET ADDRESS 13838 INAGERSOLL DRIVE
CITY-ST-ZIP DOBBINS CA 95935

TITLE CEO ☐ Delete
NAME CONEY, WILLIAM
STREET ADDRESS 10241 CANDLEWOOD LANE
CITY-ST-ZIP DOBBINS CA 95935

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☐ Change ☒ Addition
NAME RONALD PAYTON
STREET ADDRESS RICE TEXAS HILL RD 9340
CITY-ST-ZIP OREGON HOUSE, CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CPO ☒ Change ☐ Addition
NAME ROMANO-ANNA
STREET ADDRESS 13838 INGERSOLL DRIVE
CITY-ST-ZIP DOBBINS CA 95935

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Anna Romano ANNA ROMANO

6-3-2004

530-692-8214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #