


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P30210</b> 1. Entity Name <b>RENAISSANCE VINEYARD &amp; WINERY, INCORPORATED</b>	
--	---

Principal Place of Business <b>P.O. BOX 1000 OREGON HOUSE, CA 95962 US</b>	Mailing Address <b>P.O. BOX 1000 OREGON HOUSE, CA 95962 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>94-2493221</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CELLARBRATION MARKETING INC  
414 LAKESHORE DRIVE  
LAKE PARK, FL 33403**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PAYTON, RONALD RICE TEXAS HILL ROAD 9340 OREGON HASE, CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO ROMANO, ANNA 1.838 INAERSOLL DRIVE DOBBINS, CA 95935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO CONEY, WILLIAM 10241 CANDLEWOOD LANE DOBBINS, CA 95935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

1100000327677  
04/25/05-80048-006 150.00

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: *William Coney* 4/20/05 530 6928235  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #