

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2008 8:00 am**  
**Secretary of State**

07-17-2008 90060 042 \*\*\*150.00

**DOCUMENT # P31686**

1. Entity Name  
**THE HESS COLLECTION WINERY CORPORATION**



Principal Place of Business

**4411 REDWOOD ROAD  
NAPA, CA 94558 US**

Mailing Address

**P.O. BOX 4140  
NAPA, CA 94558 US**

**DO NOT WRITE IN THIS SPACE**



07092008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**68-0071196**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MIDDLETON, BRANDON  
808 SE WEIR STREET  
STUART, FL 34994**

**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

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

(NOTE: Registered Agent signature required when renatating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SELFDRIDGE, THOMAS B  
4411 REDWOOD ROAD  
NAPA, CA 94558**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
DUNN, BRIAN  
4411 REDWOOD RD  
NAPA, CA 94558**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SRVP  
BUGLER, GARY D  
4411 REDWOOD ROAD  
NAPA, CA 94558**

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**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/9/08

707-255-1144