

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P38803

1. Entity Name
FIELD STONE WINERY & VINEYARD, INC.



Principal Place of Business
**10075 HIGHWAY 128
HEALDSBURG, CA 95448**

Mailing Address
**10075 HIGHWAY 128
HEALDSBURG, CA 95448**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
68-0117123

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FRAELICH, SHAI
SELECTED BRANDS
5001 NW 13TH AVE., SUITE L
DEERFIELD BEACH, FL 33064**

**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 reappointing)

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**

U00000698135

04718707-80070-003 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME STATEN, JOHN C.
STREET ADDRESS 10075 HWY 128
CITY-ST-ZIP HEALDSBURG, CA

TITLE V
NAME STATEN, KATRINA J.
STREET ADDRESS 10075 HWY 128
CITY-ST-ZIP HEALDSBURG, CA

TITLE ST
NAME STATEN, BEN L
STREET ADDRESS 10075 HWY 128
CITY-ST-ZIP HEALDSBURG, CA

TITLE D
NAME BURDICK, KERA S
STREET ADDRESS 10075 HWY 128
CITY-ST-ZIP HEALDSBURG, CA

TITLE D
NAME STATEN, JOSEPH M
STREET ADDRESS 10075 HWY 128
CITY-ST-ZIP HEALDSBURG, CA

TITLE D
NAME STATEN, MARY G
STREET ADDRESS 10075 HWY 128
CITY-ST-ZIP HEALDSBURG, CA

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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

4-6-07 707-433-7266

Date

Daytime Phone #