

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90037 022 ***150.00

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



40053755



01072008 Chg-P CR2E034 (12/06)

4. FEI Number
68-0117123

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**

7. Name and Address of New Registered Agent

Name **Freda Amato**
Street Address (P.O. Box Number is Not Acceptable)
Amato Imports
6610 NW 24 court
City **MARGATE** FL Zip Code **33063**

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 **Fred Amato** DATE **2-14-08**

(NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P **STATEN, JOHN C.** ☐ Delete **10075 HWY 128** **HEALDSBURG, CA**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V **STATEN, KATRINA J.** ☐ Delete **10075 HWY 128** **HEALDSBURG, CA**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST **STATEN, BEN L** ☐ Delete **10075 HWY 128** **HEALDSBURG, CA**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D **BURDICK, KERA S** ☐ Delete **10075 HWY 128** **HEALDSBURG, CA**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D **STATEN, JOSEPH M** ☐ Delete **10075 HWY 128** **HEALDSBURG, CA**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D **STATEN, MARY G** ☐ Delete **10075 HWY 128** **HEALDSBURG, CA**

TITLE 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: **[Signature]**