

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90044 048 ***150.00

DOCUMENT # P39499					
1. Entity Name MONTINORE VINEYARDS LIMITED INC.					
Principal Place of Business 3663 SW DILLEY FOREST GROVE OR 97116			Mailing Address P O BOX 490 FOREST GROVE OR 97116-490 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 93-0902632	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desiresec <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					



MOORE CR2E034 (11/03)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, LEO G.		NAME		
STREET ADDRESS	3663 SW DILLEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	FOREST GROVE OR		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINDLAY, NANCY		NAME		
STREET ADDRESS	3663 SW DILLEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	FOREST GROVE OR		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	ASST SEC/TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUCH, ROGER		NAME		
STREET ADDRESS	3663 SW DILLEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	FOREST GROVE OR		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, JANE A.		NAME		
STREET ADDRESS	3663 SW DILLEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	FOREST GROVE OR		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	SEC/TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, MARK T.		NAME		
STREET ADDRESS	3663 SW DILLEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	FOREST GROVE OR		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	RUDOLF C. MARCHESI	
STREET ADDRESS			STREET ADDRESS	3663 SW DILLEY RD	
CITY-ST-ZIP			CITY-ST-ZIP	FOREST GROVE, OR, 97116	

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:  **4/1/04** **503-359-5012**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #