


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P39499**  
 1. Entity Name  
**MONTINORE VINEYARDS LIMITED INC.**



Principal Place of Business      Mailing Address  
**3663 SW DILLEY**                      **P O BOX 490**  
**FOREST GROVE, OR 97116**          **FOREST GROVE, OR 97116-490 US**



06302005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**93-0902632**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD.**  
**PLANTATION, FL 33324**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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	C
NAME	GRAHAM, LEO G.
STREET ADDRESS	3663 SW DILLEY ROAD
CITY-ST-ZIP	FOREST GROVE, OR
TITLE	AST
NAME	COUCH, ROGER
STREET ADDRESS	3663 SW DILLEY ROAD
CITY-ST-ZIP	FOREST GROVE, OR
TITLE	VP
NAME	GRAHAM, JANE A.
STREET ADDRESS	3663 SW DILLEY ROAD
CITY-ST-ZIP	FOREST GROVE, OR
TITLE	ST
NAME	GRAHAM, MARK T.
STREET ADDRESS	3663 SW DILLEY ROAD
CITY-ST-ZIP	FOREST GROVE, OR
TITLE	P
NAME	MARCHESI, RUDOLF C
STREET ADDRESS	3663 SW DILLEY RD
CITY-ST-ZIP	FOREST GROVE, OR 97116
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE IN THIS SPACE**

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 title empowered.

**SIGNATURE:**  **ROGER C COUCH**      **6/30/05**      **503-359-5012**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #