2004 FOR PROFIT CORPORATION

Jan 23, 2004 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P97000094770** 1. Entity Name FINE VINES INC. Mailing Address Principal Place of Business P.O. BOX 535 219 EDWARD AVE. LEHIGH ACRES, FL 33972 US LEHIGH ACRES, FL 33972 01192004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0791422 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DANBY, LANDON C DO NOT WRITE 219 EDWARD AVE LEHIGH ACRES, FL 33972 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. (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees _ OFFICERS AND DIRECTORS 10. U00000010723 PSTD THE 01/23/04-80009-012 15n.nn NAME DANBY, LANDON C 219 EDWARD AVE STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES, FL 33972 TITLE NAME SYREET ADDRESS CITY-ST-Z8P रासह STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TETE NAME

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. (further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the redefier 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: 🗲

STREET ADDRESS CITY-ST-ZIP ₹ETE F NAME STREET ADDRESS CITY-ST-ZIP

> LAWDON DANBY SIGNATURE AND TYPED OR PRINTED NAME OF SIGN HORDISECTOR

FILED