2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841545

Entity Name: E. & J. GALLO WINERY, INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 600 YOSEMITE BLVD MODESTO, CA 953542760 **Current Mailing Address: New Mailing Address:** 600 YOSEMITE BLVD ATTN: CORPORATE TAX MODESTO, CA 953542760 FEI Number: 94-1009696 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition YOUGA, ANTHONY L Name: Name: 816 COBBLESTONE CIR Address: Address: City-St-Zip: MODESTO, CA 95355 City-St-Zip: ٧S Title: Title: () Delete () Change () Addition Name: BEAL, RICHARD M Name: 2501 HARCOURT AVE Address: Address: MODESTO, CA 95350 City-St-Zip: City-St-Zip: Title: Title: COPD () Delete () Change () Addition GALLO, JOSEPH E. Name: Name: 891 S. HOPPER ROAD Address: Address: MODESTO, CA City-St-Zip: City-St-Zip: Title: COPD () Delete Title: () Change () Addition COLEMAN, JAMES E. Name: Name: Address: 2702 SCENIC BEND Address: City-St-Zip: MODESTO, CALIF 00000. City-St-Zip: Title: COPD Title: () Delete () Change () Addition GALLO, ROBERT J, Name: Name: 1716 MAZE ROAD Address: Address: MODESTO, CALIF 00000, City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition Name: DOTY, ALLEN Name: Address: 7301 SPY GLASS DR Address: City-St-Zip: City-St-Zip: MODESTO, CA 95356

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN DOTY V 04/29/2004