

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841545

FILED
Mar 16, 2006
Secretary of State

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

Current Principal Place of Business:

600 YOSEMITE BLVD
MODESTO, CA 953542760

New Principal Place of Business:

Current Mailing Address:

600 YOSEMITE BLVD
ATTN: CORPORATE TAX
MODESTO, CA 953542760

New Mailing Address:

FEI Number: 94-1009696 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: VT () Delete
Name: YUGA, ANTHONY L
Address: 816 COBBLESTONE CIR
City-St-Zip: MODESTO, CA 95355

Title: VS () Delete
Name: BEAL, RICHARD M
Address: 2501 HARCOURT AVE
City-St-Zip: MODESTO, CA 95350

Title: COPD () Delete
Name: GALLO, JOSEPH E
Address: 891 S. HOPPER ROAD
City-St-Zip: MODESTO, CA

Title: COPD () Delete
Name: COLEMAN, JAMES E
Address: 2702 SCENIC BEND
City-St-Zip: MODESTO, CA

Title: COPD () Delete
Name: GALLO, ROBERT J
Address: 1716 MAZE RD
City-St-Zip: MODESTO, CA

Title: V () Delete
Name: DOTY, ALLEN
Address: 7301 SPY GLASS DR
City-St-Zip: MODESTO, CA 95356

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

_____ Electronic Signature of Signing Officer or Director

V

03/16/2006

_____ Date