

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841545

FILED  
Apr 02, 2008  
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: 3229 HASHEM DR  
City-St-Zip: MODESTO, CA 95355

## 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 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

04/02/2008

\_\_\_\_\_ Date