

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F95000001776

1. Entity Name

C. MONDAVI & SONS, INC.



Principal Place of Business

2800 N MAIN ST.
ST. HELENA, CA 94574 US

Mailing Address

P.O. BOX 191
ST. HELENA, CA 94574



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

94-1087246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

STARZYK, STAN
13230 SW 32ND COURT
DAVIE, FL 33330

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	MONDAVI, PETER R SR
STREET ADDRESS	2800 MAIN STREET
CITY-ST-ZIP	ST. HELENA, CA 94574
TITLE	SD
NAME	MONDAVI, MARC C
STREET ADDRESS	2800 MAIN STREET
CITY-ST-ZIP	ST. HELENA, CA 94574
TITLE	TD
NAME	MONDAVI, PETER R JR
STREET ADDRESS	2800 MAIN STREET
CITY-ST-ZIP	ST. HELENA, CA 94574
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten Signature
Name: *Handwritten*

1/8/08

707-967-2200

Date

Daytime Phone #