2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # K28258 CHARDONNAY'S OF JACKSONVILLE, INC.



Principal Place of Business 3305 PARENTAL HOME ROAD JACKSONVILLE, FL 32216 US Mailing Address

3305 PARENTAL HOME ROAD US JACKSONVILLE, FL 32216



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CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Numbe Applied For 59-2900275 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BERGAMO, JOAN L. DO NOT WRITE 11920 GRAN CRIQUE CT S. JACKSONVILLE, FL 32223 IN THIS SPACE 8. The above named entity submits this statement for the ourpose 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. You Bergant

Apped or printed name of registore of special bits. SIGNATURE. (NOTE: Registered Agent signature required when reinstalling) Election Campaign Financing
 \$5.00 May B
 Added to Fees \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 . U00000411453 02/10/06-80000 012-150.00 OFFICERS AND DIRECTORS 10. ππε BERGAMO, JOAN L. STREET ADDRESS 11920 GRAND CRIQUE CT S CITY-ST-ZIP JACKSONVILLE, FL 32223 TITLE BERGAMO, AGOSTINO STREET ADDRESS 11920 GRANCRIQUE CT. S. CITY-ST-ZIP JACKSONVILLE, FL 32223 TITLE HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not quelify 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 eath, 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:

Toan Bergamo

1/29/06 (904)720-808

STREET ADDRESS CITY-ST-ZIP	3858 HAMPTON GLENN PLACE JACKSONVILLE, FL 32257	· · · · · · · · · · · · · · · · · · ·
HILE NAME STREET ADDRESS CCTY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE MAME STREET ADDRESS CHTY-ST-ZIP		
TITLE NAME STITEET AUDITESS CITY-ST-ZIP		
12. I hereby o	certify that the information supplied with this filing does not qualify for the exe	nptions contained in Chapter 119, Florida Statutes. I further certify that the information are shall have the same legal effect as if made under path; that I am an officer or director

are and that my signature shall have the same legal effect as it made those dail, that I am an officer of difects the this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if a emocymerad

SIGNATURE: _

ING OFFICER OR DIRECTOR

1-28-06 904 349-4567