

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K28258	
1. Entity Name CHARDONNAY'S OF JACKSONVILLE, INC.	



Principal Place of Business 3305 PARENTAL HOME ROAD JACKSONVILLE, FL 32216 US	Mailing Address 3305 PARENTAL HOME ROAD JACKSONVILLE, FL 32216 US
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DO NOT WRITE IN THIS SPACE

01122008	No Chg-P	CR2E034 (11/05)
4. FEI Number 59-2900275	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent BERGAMO, JOAN L. 11920 GRAN CRIQUE CT S. JACKSONVILLE, FL 32223
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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: Joan Bergamo DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000411453 02/10/06-2006-012-150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO BERGAMO, JOAN L. 11920 GRAND CRIQUE CT S JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BERGAMO, AGOSTINO 11920 GRANCRIQUE CT. S. JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Joan Bergamo Date: 1/29/06 (904) 730-8081

STREET ADDRESS CITY-ST-ZIP	3858 HAMPTON GLENN PLACE JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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SIGNATURE: Mike Curry Date: 1-28-06 904 349-4567