

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000064417	
1. Entity Name MONDAVI DEVELOPMENT CORP.	
Principal Place of Business 942 N. COLLIER BLVD. MARCO ISLAND, FL	Mailing Address 942 N. COLLIER BLVD. MARCO ISLAND, FL



07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0823432	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 MORRIS, WILLIAM J ESQ. 247 NORTH COLLIER BLVD. #202 MARCO ISLAND, FL 33145	DO NOT WRITE IN THIS SPACE
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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 _____ DATE **09/01/07-80005-019 560.00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOFF, JOSEPH D 942 N COLLIER BLVD MARCO ISLAND, FL 34145
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**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:

JOSEPH D BOFF, PRES. 7/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**239
394-9107**