

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90071 036 ***150.00

DOCUMENT # P99000019777					
1. Entity Name LA BODEGA DE AMELIA, INC.					
Principal Place of Business 1255 SOUTH FLETCHER AVE. AMELIA ISLAND, FL 32034			Mailing Address 1255 SOUTH FLETCHER AVE. AMELIA ISLAND, FL 32034		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3561501	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVIS, CLYDE W 20 SOUTH 5TH STREET AMELIA ISLAND, FL 32034			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODWIN, ANNETTE B		NAME	President	
STREET ADDRESS	1255 SO. FLETCHER AVENUE		STREET ADDRESS	Godwin, Annette B	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP	1255 South Fletcher FNDR Bch, FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODWIN, HILLARY		NAME	Vice President	
STREET ADDRESS	1255 SOUTH FLETCHER AVE.		STREET ADDRESS	Hillary Godwin	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP	1255 South Fletcher FERNANDINA BEACH FL 32034	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODWIN, H. LEE		NAME	Secretary	
STREET ADDRESS	1255 SO. FLETCHER AVENUE		STREET ADDRESS	H. Lee Godwin	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP	1255 South Fletcher FERNANDINA Bch FL 32034	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODWIN, DAVID		NAME	Treasurer	
STREET ADDRESS	1255 SOUTH FLETCHER AVE.		STREET ADDRESS	David Godwin	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP	1255 South Fletcher FERNANDINA Bch, FL 32034	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		2/24/05		Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					