

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		Country		02232005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3561501				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, CLYDE W 20 SOUTH 5TH STREET AMELIA ISLAND, FL 32034			7. Name and Address of New Registered Agent 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 renaming) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODWIN, ANNETTE B 1255 SO. FLETCHER AVENUE FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Godwin, Annette B 1255 South Fletcher Fndr Bch, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODWIN, HILLARY 1255 SOUTH FLETCHER AVE. FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hillary Godwin 1255 South Fletcher FERNANDINA BEACH FL 32034		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODWIN, H. LEE 1255 SO. FLETCHER AVENUE FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition H. Lee Godwin 1255 South Fletcher FERNANDINA Bch FL 32034		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODWIN, DAVID 1255 SOUTH FLETCHER AVE. FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition David Godwin 1255 South Fletcher FERNANDINA Bch, FL 32034		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 # _____					