

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P99000019777 1. Entity Name LA BODEGA DE AMELIA, INC.	
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Principal Place of Business 1255 SOUTH FLETCHER AVE. AMELIA ISLAND, FL 32034	Mailing Address 1255 SOUTH FLETCHER AVE. AMELIA ISLAND, FL 32034
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DO NOT WRITE IN THIS SPACE



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3561501	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVIS, CLYDE W 20 SOUTH 5TH STREET AMELIA ISLAND, FL 32034	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.

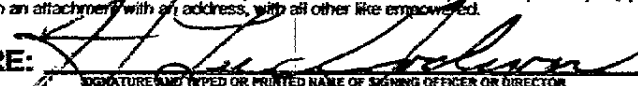
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GODWIN, ANNETTE B 1255 SO. FLETCHER AVENUE FERNANDINA BEACH, FL 32034	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GODWIN, HILLARY 1255 SOUTH FLETCHER AVE. FERNANDINA BEACH, FL 32034	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GODWIN, H. LEE 1255 SO. FLETCHER AVENUE FERNANDINA BEACH, FL 32034	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GODWIN, DAVID 1255 SOUTH FLETCHER AVE. FERNANDINA BEACH, FL 32034	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		

**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:  **S 4/24/06 904-261-5128**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #