2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 26, 2005 8:00 am
Secretary of State
01-26-2005 90012 044 ***158.75

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1. Entity Name
TEDESCHI VINEYARDS LTD. CORPORATION

40006863

Principal Place of Business	Mailing Address
HIGHWAY 37 ULUPALAKUA, HI 96790	P.O. BOX 953 ULUPALAKUA, HI 96790

01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
99-0157938
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HEIMAN, BRUCE
~~1747 INDEPENDENCE BLVD~~ 803 Bell Rd.
SARASOTA, FL 34234

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HEGELE, PAULA
STREET ADDRESS	P.O. BOX 953
CITY-ST-ZIP	ULUPALAKUA, HI 96790
TITLE	STD
NAME	CLAIR, JERRY
STREET ADDRESS	2560 KEKAA DRIVE K101
CITY-ST-ZIP	LAHAINA, HI 96761
TITLE	D
NAME	ERDMAN, C. PARDEE
STREET ADDRESS	P.O. BOX 901
CITY-ST-ZIP	KULA, HI 96790
TITLE	V
NAME	MCLEAN, JAMES
STREET ADDRESS	RR1 BOX 522
CITY-ST-ZIP	KULA, HI 96790
TITLE	D
NAME	RICE, HENRY
STREET ADDRESS	P.O. BOX 258
CITY-ST-ZIP	KULA, HI 96790
TITLE	D
NAME	MATICHYN, NICK
STREET ADDRESS	RR2, BOX 79
CITY-ST-ZIP	KULA, HI 96790

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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: _____ 1/10/05 808-878-1266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #