

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90012 044 ***158.75

DOCUMENT # F00000005640	
1. Entity Name TEDESCHI VINEYARDS LTD. CORPORATION	

Principal Place of Business HIGHWAY 37 ULUPALAKUA, HI 96790	Mailing Address P.O. BOX 953 ULUPALAKUA, HI 96790
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40006863



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01052005 No Chg-P CR2E034 (10/03)

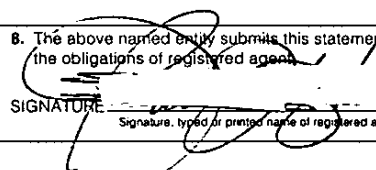
4. FEI Number 99-0157938	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 reappointing) DATE: _____

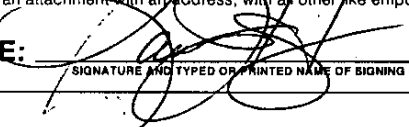
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

Date: **1/10/05** Daytime Phone #: **808-878-1266**