

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005640

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: TEDESCHI VINEYARDS LTD. CORPORATION

**Current Principal Place of Business:**

HIGHWAY 37  
ULUPALAKUA, HI 96790

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 953  
ULUPALAKUA, HI 96790

**New Mailing Address:**

FEI Number: 99-0157938      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEIMAN, BRUCE  
803 BELL RD  
SARASOTA, FL 34234      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: HEGELE, PAULA  
Address: P.O. BOX 953  
City-St-Zip: ULUPALAKUA, HI 96790

Title: STD      ( ) Delete  
Name: CLAIR, JERRY  
Address: 77-341 BOX RIDGE PLACE  
City-St-Zip: INDIAN WELLS, CA 92210

Title: D      ( ) Delete  
Name: ERDMAN, C. PARDEE  
Address: P.O. BOX 901  
City-St-Zip: KULA, HI 96790

Title: V      ( ) Delete  
Name: MCLEAN, JAMES  
Address: RR1 BOX 522  
City-St-Zip: KULA, HI 96790

Title: D      ( ) Delete  
Name: RICE, HENRY  
Address: 7101 KULA HWY  
City-St-Zip: KULA, HI 96790

Title: D      ( ) Delete  
Name: MATICHYN, NICK  
Address: RR2, BOX 79  
City-St-Zip: KULA, HI 96790

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: HEGELE, PAULA  
Address: HC1 BOX 953  
City-St-Zip: KULA, HI 96790

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA J. HEGELE

PRES

01/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date