

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005640

Entity Name: MAUI WINE, LTD. CORPORATION

Current Principal Place of Business:

14815 PIILANI HWY
KULA, HI 96790

Current Mailing Address:

HC1 BOX 953
KULA, HI 96790 US

FEI Number: 99-0157938

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORPORATING SERVICES, LTD.
1540 GLENWAY DR
TALLAHASSEE, FL 32301 US

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

Officer/Director Detail :

Title PRESIDENT, ASSISTANT SECRETARY, DIRECTOR
Name HEGELE, PAULA
Address HC1 BOX 953
City-State-Zip: KULA HI 96790

Title CEO
Name ERDMAN, C. PARDEE
Address P.O. BOX 901
City-State-Zip: KULA HI 96790

Title DIRECTOR
Name MATICHYN, NICK
Address 224 POLIPOLI ROAD
City-State-Zip: KULA HI 96790

Title DIRECTOR
Name HEGELE, JOSEPH ALLEN
Address 6936 KANAIO ROAD
City-State-Zip: KULA HI 96790

Title VP
Name ERDMAN, JACQUELINE DANIELLE
Address 14605 PIILANI HWY
City-State-Zip: KULA HI 96790

Title VP
Name HEGELE, HENRY JACOB
Address 6936 KANAIO ROAD
City-State-Zip: KULA HI 96790

Title SECRETARY
Name RASMUSSEN, TEENA MARIE
Address 175 IHE PLACE
City-State-Zip: KULA HI 96790

Title TREASURER
Name SPEERE, CHRISTOPHER JAMES
Address 255 ULALEANA LOOP
City-State-Zip: HAIKU HI 96708

I hereby 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 all other like empowered.

SIGNATURE: PAULA J. HEGELE

PRESIDENT

03/20/2020

Electronic Signature of Signing Officer/Director Detail

Date