

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 219046
 1. Entity Name
VARN TRADING COMPANY



Principal Place of Business Mailing Address
601 II RIVERSIDE AVENUE **601 II RIVERSIDE AVENUE**
SUITE 600 **SUITE 600**
JACKSONVILLE, FL 32204 US **JACKSONVILLE, FL 32204 US**

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0883524 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
VARN, GEORGE W
601 II RIVERSIDE AVENUE #600
JACKSONVILLE, FL 32204

DO NOT WRITE IN THIS SPACE

I, 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 (if applicable) (NOTE: Registered Agent signature required when rehashing) 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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VARN, GEORGE W 601 II RIVERSIDE AVENUE #600 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VARN JR, LESTER 601 II RIVERSIDE AVENUE #600 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VARN JR, GEORGE W 601 II RIVERSIDE AVENUE #600 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD VARN III, WILLIAM L 601 II RIVERSIDE AVENUE #600 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VARN, MERRILL 601 II RIVERSIDE AVENUE #600 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MADIGAN, EMILY R 601 II RIVERSIDE AVENUE #600 JACKSONVILLE, FL 32204

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 03/24/05-80052-015 150.00

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, typed or printed name of signing officer or director
GEORGE W. VARN, PRESIDENT

3/23/05 **904-356-4881**
Date Daytime Phone #