


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90068 019 \*\*\*150.00

<b>DOCUMENT # 219046</b> 1. Entity Name <b>VARN TRADING COMPANY</b>	
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Principal Place of Business <b>601 II RIVERSIDE AVENUE</b> <b>SUITE 600</b> <b>JACKSONVILLE, FL 32204 US</b>	Mailing Address <b>601 II RIVERSIDE AVENUE</b> <b>SUITE 600</b> <b>JACKSONVILLE, FL 32204 US</b>
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**40029308**



01132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0883524</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>VARN, GEORGE W</b> <b>601 II RIVERSIDE AVENUE #600</b> <b>JACKSONVILLE, FL 32204</b>
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**DO NOT WRITE 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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

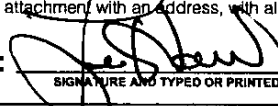
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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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

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Lester Varn, Jr.	3/9/06	904-356-4881
	<small>Date</small>	<small>Daytime Phone #</small>	