

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 219046

FILED
Jan 04, 2011
Secretary of State

Entity Name: VARN TRADING COMPANY

Current Principal Place of Business:

601 II RIVERSIDE AVENUE
SUITE 600
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

601 II RIVERSIDE AVENUE
SUITE 600
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 59-0883524 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VARN, GEORGE W
601 II RIVERSIDE AVENUE #600
JACKSONVILLE, FL 32204 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

OFFICERS AND DIRECTORS:

Title: PD
Name: VARN, GEORGE W
Address: 601 II RIVERSIDE AVENUE #600
City-St-Zip: JACKSONVILLE, FL

Title: VD
Name: VARN JR, LESTER
Address: 601 II RIVERSIDE AVENUE #600
City-St-Zip: JACKSONVILLE, FL

Title: STD
Name: VARN JR, GEORGE W
Address: 601 II RIVERSIDE AVENUE #600
City-St-Zip: JACKSONVILLE, FL

Title: ASTD
Name: VARN III, WILLIAM L
Address: 601 II RIVERSIDE AVENUE #600
City-St-Zip: JACKSONVILLE, FL

Title: AS
Name: VARN, MERRILL
Address: 601 II RIVERSIDE AVENUE #600
City-St-Zip: JACKSONVILLE, FL

Title: AS
Name: MADIGAN, EMILY R
Address: 601 II RIVERSIDE AVENUE #600
City-St-Zip: JACKSONVILLE, FL 32204

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: GEORGE W. VARN

PD

01/04/2011

Electronic Signature of Signing Officer or Director

_____ Date