


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90075 032 ***150.00

DOCUMENT # 144709	
1. Entity Name VARN CITRUS, INC.	

Principal Place of Business 3301 AVE C P. O. BOX 550 FORT PIERCE FL 34954 US	Mailing Address 3301 AVE C P. O. BOX 550 FORT PIERCE FL 34954 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-6077919	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VARN, DONALD M 3302 AVENUE C FORT PIERCE FL 33450

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <u><i>Donald M. Varn</i></u> Signature, typed or printed name of registered agent and title if applicable	<u><i>DONALD VARN</i></u> (NOTE: Registered Agent signature required when reinstating)	<u><i>1/27/05</i></u> DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VARN, DONALD M 3302 AVENUE C FT. PIERCE FL 34954 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VARN, SUZANNE C 3302 AVENUE C FT. PIERCE FL 34954 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VARN, ROBERT S 3302 AVENUE C FORT PIERCE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARN, DAVID R 3302 AVE. C FORT PIERCE FL 34954 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.		
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SIGNATURE: <u><i>Donald M. Varn Pres</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u><i>DONALD VARN</i></u>	<u><i>1-27-05</i></u> Date	<u><i>772-201-5320</i></u> Daytime Phone #
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