2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # 161737

1. Entity Name VARN INVESTMENT COMPANY

Principal Place of Business

601 II RIVERSIDE AVENUE

#600

JACKSONVILLE, FL 32204

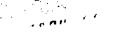
Mailing Address

PO BOX 40965

JACKSONVILLE, FL 32203

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

03-13-2006 90068 018 ***150.00





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No Chg-P

CR2E034 (11/05)

4. FEI Number 59-0492760 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name	and Address	of Current Registered A	aent

VARN JR, LESTER 601 II RIVERSIDE AVE., #600

JACKSONVILLE, FL 32204

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	e named entity submits this statement for the purpose of chang ations of registered agent.	ing its registered office or registered agent, or bot	n, in the State of Florida.	I am familiar with, and a	accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating))ATE	

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

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	10.	OFFICERS AND DIRECTORS				
I	TITLE	PD				
I	NAME	VARN JR, LESTER				
I	STREET ADDRESS	601 II RIVERSIDE AVE #600				
I	CITY-ST-ZIP	JACKSONVILLE, FL 32204				
1	TITLE	DCCE				
	NAME	VARN, GEORGE W				
	STREET ADDRESS	601 II RIVERSIDE AVE #600				
l	CITY-ST-ZIP	JACKSONVILLE, FL 32204				
	TITLE	VTD				
	NAME	VARN, WILLIAM L III				
ı	STREET ADDRESS	601 II RIVERSIDE AVE #600				
	CITY-ST-ZIP	JACKSONVILLE, FL 32204				
1	TITLE	VAD				
	NAME	VARN, GEORGE W JR				
	STREET ADDRESS	601 II RIVERSIDE AVE #600				
	CITY-ST-ZIP	JACKSONVILLE, FL 32204				
	TITLE	AS				
	NAME	VARN, MERRILL				
	STREET ADDRESS	601 II RIVERSIDE AVE #600				
	CITY-ST-ZIP	JACKSONVILLE, FL 32204				
	TITLE	AS				
	NAME	MADIGAN, EMILY R				
	STREET ADDRESS	601 II RIVERSIDE AVE #600				
	CITY-ST-ZIP	JACKSONVILLE, FL 32204				

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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 actiress, with all other like empowered.

SIGNATURE:

TPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lester Varn, Jr.

3/9/06

904-356-4881

Daytime Phone #