

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

03-13-2006 90068 018 ***150.00

DOCUMENT # 161737

1. Entity Name
VARN INVESTMENT COMPANY



Principal Place of Business
**601 II RIVERSIDE AVENUE
#600
JACKSONVILLE, FL 32204 US**

Mailing Address
**PO BOX 40965
JACKSONVILLE, FL 32203 US**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 Agent

**VARN JR, LESTER
601 II RIVERSIDE AVE.,
#600
JACKSONVILLE, FL 32204**

**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 _____

**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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VARN JR, LESTER
STREET ADDRESS	601 II RIVERSIDE AVE #600
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	DCCE
NAME	VARN, GEORGE W
STREET ADDRESS	601 II RIVERSIDE AVE #600
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	VTD
NAME	VARN, WILLIAM L III
STREET ADDRESS	601 II RIVERSIDE AVE #600
CITY-ST-ZIP	JACKSONVILLE, FL 32204
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

**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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lester Varn, Jr. 3/9/06

904-356-4881

Date Daytime Phone #