

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90018 031 \*\*\*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**

**DO NOT WRITE IN THIS SPACE**



01042007 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 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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

**1/19/07**

Date

**904  
356-4881**

Daytime Phone #