
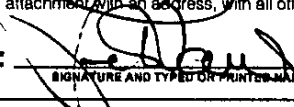


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VARN JR, LESTER 601 II RIVERSIDE AVE., #600 JACKSONVILLE, FL 32204		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARN JR, LESTER	NAME	
STREET ADDRESS	601 II RIVERSIDE AVE #600	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	CITY-ST-ZIP	
TITLE	DCCE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARN, GEORGE W	NAME	
STREET ADDRESS	601 II RIVERSIDE AVE #600	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARN, WILLIAM L III	NAME	
STREET ADDRESS	601 II RIVERSIDE AVE #600	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	CITY-ST-ZIP	
TITLE	VAD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARN, GEORGE W JR	NAME	
STREET ADDRESS	601 II RIVERSIDE AVE #600	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARN, MERRILL	NAME	
STREET ADDRESS	601 II RIVERSIDE AVE #600	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADIGAN, EMILY R	NAME	
STREET ADDRESS	601 II RIVERSIDE AVE #600	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	CITY-ST-ZIP	
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: 		Date: 1/23/08 Daytime Phone #: 904-356-4881	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	