

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 161737

FILED  
Feb 07, 2012  
Secretary of State

Entity Name: VARN INVESTMENT COMPANY

**Current Principal Place of Business:**

601 II RIVERSIDE AVENUE  
#600  
JACKSONVILLE, FL 32204 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 40965  
JACKSONVILLE, FL 32203 US

**New Mailing Address:**

FEI Number: 59-0492760      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VARN JR, LESTER  
Address: 601 II RIVERSIDE AVE #600  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: CEOD  
Name: VARN, GEORGE W  
Address: 601 II RIVERSIDE AVE #600  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: VTD  
Name: VARN, WILLIAM L III  
Address: 601 II RIVERSIDE AVE #600  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: VSD  
Name: VARN, GEORGE W JR  
Address: 601 II RIVERSIDE AVE #600  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: AS  
Name: VARN, MERRILL  
Address: 601 II RIVERSIDE AVE #600  
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LESTER VARN, JR. \_\_\_\_\_

PD

02/07/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date