

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-21-2007 90018 032 ***150.00

DOCUMENT # 219046

1. Entity Name
VARN TRADING COMPANY



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

Mailing Address
**601 II RIVERSIDE AVENUE
SUITE 600
JACKSONVILLE, FL 32204 US**

00017115



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-0883524

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VARN, GEORGE W
601 II RIVERSIDE AVENUE #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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME VARN, GEORGE W
STREET ADDRESS 601 II RIVERSIDE AVENUE #600
CITY - ST - ZIP JACKSONVILLE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE VD ☐ Delete
NAME VARN JR, LESTER
STREET ADDRESS 601 II RIVERSIDE AVENUE #600
CITY - ST - ZIP JACKSONVILLE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE STD ☐ Delete
NAME VARN JR, GEORGE W
STREET ADDRESS 601 II RIVERSIDE AVENUE #600
CITY - ST - ZIP JACKSONVILLE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ASTD ☐ Delete
NAME VARN III, WILLIAM L
STREET ADDRESS 601 II RIVERSIDE AVENUE #600
CITY - ST - ZIP JACKSONVILLE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE AS ☐ Delete
NAME VARN, MERRILL
STREET ADDRESS 601 II RIVERSIDE AVENUE #600
CITY - ST - ZIP JACKSONVILLE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE AS ☐ Delete
NAME MADIGAN, EMILY R
STREET ADDRESS 601 II RIVERSIDE AVENUE #600
CITY - ST - ZIP JACKSONVILLE, FL 32204

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/07