

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90075 033 ***150.00

DOCUMENT # 247202

1. Entity Name

VARN GROVES INC



Principal Place of Business

P.O. BOX 550
33-01 AVE C
FT. PIERCE FL 34954
US

Mailing Address

P.O. BOX 550
33-01 AVE C
FT. PIERCE FL 34954
US

50008768



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3302 Ave C
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 550
Suite, Apt. #, etc.

City & State

Fort Pierce, FL

City & State

Fort Pierce, FL

Zip

Country

34954

U.S.A.

Zip

Country

34954

U.S.A.

4. FEI Number

59-0985150

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VARN, ROBERT S
3302 AVE C
FORT PIERCE FL 34947

7. Name and Address of New Registered Agent

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

Robert S Varn

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	VARN, DONALD M	
STREET ADDRESS	3302 AVE C	
CITY-ST-ZIP	FORT PIERCE FL 34947	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VARN, SAMUEL F	
STREET ADDRESS	3302 AVE C	
CITY-ST-ZIP	FORT PIERCE FL 34947	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	VARN, SUZANNE	
STREET ADDRESS	3302 AVE C	
CITY-ST-ZIP	FORT PIERCE FL 34947	
TITLE	P	<input type="checkbox"/> Delete
NAME	VARN, ROBERT S.	
STREET ADDRESS	3302 AVE C	
CITY-ST-ZIP	FORT PIERCE FL 34947	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VARN KITE, STEPHANIE	
STREET ADDRESS	3302 AVE C	
CITY-ST-ZIP	FORT PIERCE FL 34947	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean F Varn	
STREET ADDRESS	P.O. Box 550	
CITY-ST-ZIP	Fort Pierce, FL 34954	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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:

Robert S Varn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 1-26-05 772-461-2172
Date Daytime Phone #