

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90022 028 \*\*\*150.00

**DOCUMENT # 470827**

1. Entity Name

ARMAND "STITCH" VARI INSURANCE, INC.



Principal Place of Business

896 WINDERHERE WAY  
PALM BEACH GARDENS FL 33420-0427

Mailing Address

P.O. BOX 30427  
PALM BEACH GARDENS FL 33420-0427  
US



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

396 WINDERMER WAY

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

PALM BEACH GARDENS

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

33418

Country

U.S.A.

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

VARI, ARMAND  
896 WINDERMERE WAY  
PALM BEACH GARDENS FL 33418

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 revalidating)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 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 V ☐ Delete  
NAME VINCENT, VARI  
STREET ADDRESS 2154 CHIPPEWAY TR  
CITY-ST-ZIP ORLANDO FL

TITLE PD ☐ Delete  
NAME VARI, ARMAND  
STREET ADDRESS 896 WINDERMERE WAY  
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE D ☐ Delete  
NAME VARI, JACQULYN  
STREET ADDRESS 896 WINDERMERE WAY  
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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 Section 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: Armand A. Vari, ARMAND A. VARI, 3-24-06 561-775-0050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #