

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90011 030 ***150.00

DOCUMENT # K75819

1. Entity Name
VARNES ENTERPRISES, INC.



Principal Place of Business
 7270 LEM TURNER ROAD
 JACKSONVILLE, FL 32208 US

Mailing Address
 7270 LEM TURNER ROAD
 JACKSONVILLE, FL 32208 US

44010421



02182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2935073

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VARNES, CARL
 7270 LEM TURNER ROAD
 JACKSONVILLE, FL 32208

DO NOT WRITE IN THIS SPACE

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME VARNES, CARL
 STREET ADDRESS 7270 LEM TURNER ROAD
 CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE VD
 NAME VARNES, BENITA *Varnes, Brenita*
 STREET ADDRESS 7270 LEM TURNER ROAD
 CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE STD
 NAME VARNES, JOAN
 STREET ADDRESS 7270 LEM TURNER ROAD
 CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
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 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: *Brenita N. Varnes*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brenita N. Varnes, VP
 3-2-04 904-765-5576
 Date Daytime Phone #