

**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  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

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*  
 Brenita N. Varnes, VP

*3-2-04*

*904-765-5576*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #