

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90026 004 \*\*\*150.00

**DOCUMENT # P01000058410**

1. Entity Name  
**VARGA SOFTWARE CONSULTING, INC.**



Principal Place of Business  
**4829 ONYX LANE #206  
NEW PORT RICHEY, FL 34652**  
**3847 DARSTON STREET, PALM HARBOR FL 34685**

2. Principal Place of Business  
**3847 DARSTON ST.**  
Suite, Apt. #, etc.

3. Mailing Address  
**3847 DARSTON ST.**  
Suite, Apt. #, etc.

City & State  
**PALM HARBOR, FL**  
Zip  
**34685** Country  
**USA**

City & State  
**PALM HARBOR, FL**  
Zip  
**34685** Country  
**USA**

03062004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3725284** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DACHS VARGA, SUSANNE**  
**4829 ONYX LANE #206**  
**NEW PORT RICHEY, FL 34652**

**7. Name and Address of New Registered Agent**

Name  
**DACHS VARGA, SUSANNE**  
Street Address (P.O. Box Number is Not Acceptable)  
**3847 DARSTON STREET**  
City  
**PALM HARBOR FL** Zip Code  
**34685**

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 *Susanne D. Varga* **3-8-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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  
**DP** ☒ Delete  
NAME  
**VARGA, ZOLTAN R**  
STREET ADDRESS  
**4829 ONYX LANE, #206**  
CITY-ST-ZIP  
**NEW PORT RICHEY, FL 34652**

TITLE  
**T** ☒ Delete  
NAME  
**VARGA, SUSANNE D**  
STREET ADDRESS  
**4829 ONYX LANE #206**  
CITY-ST-ZIP  
**NEW PORT RICHEY, FL 34652**

TITLE  
**DP** ☒ Delete  
NAME  
**VARGA, ZOLTAN ROBERT**  
STREET ADDRESS  
**3847 DARSTON STREET**  
CITY-ST-ZIP  
**PALM HARBOR FL 34685**

TITLE  
**T** ☒ Delete  
NAME  
**VARGA, SUSANNE D.**  
STREET ADDRESS  
**3847 DARSTON STREET**  
CITY-ST-ZIP  
**PALM HARBOR, FL 34685**

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  
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STREET ADDRESS  
  
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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 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: *Susanne D. Varga* **3-8-04** (727) 786-4148  
Signature and typed or printed name of signing officer or director Date Daytime Phone #