2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000058410

1. Entity Name
VARGA SOFTWARE CONSULTING, INC.

Principal Place of Business	Mailing Address
3847 DARSTON STREET PALM HARBOR, FL 34685	3847 DARSTON STREET PALM HARBOR, FL 34685

DO NOT WRITE IN THIS SPACE

02052006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3725284	Not Applicable

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

6. Name and Address of Current Registered Agent

DACHS VARGA, SUSANNE
3847 DARSTON STREET
PALM HARBOR, FL 34685

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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, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

00000429080
02/21/06-80073-018 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	DP	
NAME	VARGA, ZOLTAN R	
STREET ADDRESS	3847 DARSTON STREET	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	T	
NAME	VARGA, SUZANNE D	
STREET ADDRESS	3847 DARSTON STREET	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE		
NAME		
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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 exemptions contained in Chapter 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: *Susanne D Varga* Susanne D. Varga   02-06-06 (727) 786-4148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #