


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000089819	
1. Entity Name VARIETY INTERNATIONAL PROCESSING, INC.	

Principal Place of Business 100 E. LINTON BLVD. 202-A DELRAY BEACH, FL 33483	Mailing Address 100 E. LINTON BLVD. 202-A DELRAY BEACH, FL 33483
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05022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1548652	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HENDRIX, CURTIS LEE 318 N.W. 12TH AVENUE DELRAY BEACH, FL 33444
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**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 \$550.00
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODEN, STANLEY 100 E. LINTON BLVD., 202-A DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENDRIX, CURTIS LEE 100 E. LINTON BLVD., 202-A DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEMPS, PAQUITA 100 E. LINTON BLVD., 202-A DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENDRICKS, CURTIS L 100 E. LINTON BLVD., 202-A DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/30/07-80035-001 150.00

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IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/04/07 (561) 243-6994
Date Daytime Phone #