

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90337 032 ***150.00

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1. Entity Name

VARNES TIMBER HARVESTING INC.



Principal Place of Business

305 CORAL FARMS RD
FLORAHOME FL 32140

Mailing Address

PO BOX 247
FLORAHOME FL 32140

2. Principal Place of Business

300 Coral Farms Rd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 40
Suite, Apt. #, etc.

City & State

Florahome FL

City & State

Palatka FL

Zip
32140

Country

USA

Zip
32178

Country

USA

4. FEI Number

59-3186137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VARNES, J D
305 CORAL FARMS RD
FLORAHOME FL 32140

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME VARNES, J D
STREET ADDRESS 305 CORAL FARMS RD
CITY-ST-ZIP FLORAHOME FL 32140

TITLE ST ☐ Delete
NAME VARNES, TRACY M
STREET ADDRESS 305 CORAL FARMS RD
CITY-ST-ZIP FLORAHOME FL 32140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 P.O. Box 40
STREET ADDRESS Palatka FL 32178
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME P.O. Box 40
STREET ADDRESS Palatka FL 32178
CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, OR TRUSTEE

Date

Daytime Phone #

4/13/05 386312-8505