

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90127 045 ***150.00

DOCUMENT # P93000065384

1. Entity Name

COLIN K. VARNES, CERTIFIED PUBLIC ACCOUNTANT,
PROFESSIONAL ASSOCIATION



Principal Place of Business

224 DATURA STREET
709
WEST PALM BEACH FL 33401
US

Mailing Address

224 DATURA STREET
709
WEST PALM BEACH FL 33401
US

2. Principal Place of Business

5249 Woodstone Cir S
Suite, Apt. #, etc.

3. Mailing Address

5249 Woodstone Cir S
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

65-0438358

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VARNES, COLIN K
224 DATURA STREET
STE 709
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Janie H. Varnes

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

5249 Woodstone Cir S

City

Lake Worth

FL

Zip Code

33463

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.

Janie H. Varnes

(NOTE: Registered Agent signature required when reinstating)

4. - 04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 D VARNES, COLIN K ☒ Delete
NAME
STREET ADDRESS 224 DATURA STREET 809
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Janie H. Varnes ☐ Change ☒ Addition
NAME
STREET ADDRESS 5249 Woodstone Cir S
CITY-ST-ZIP Lake Worth, FL 33463

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Janie H. Varnes

Date

Daytime Phone #

561-835-4188