

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90392 046 \*\*\*150.00



**DOCUMENT # P93000065384**

1. Entity Name

**COLIN K. VARNES, CERTIFIED PUBLIC ACCOUNTANT,  
 PROFESSIONAL ASSOCIATION**

Principal Place of Business

**5249 WOODSTONE CIR S  
 LAKE WORTH FL 33463  
 US**

Mailing Address

**5249 WOODSTONE CIR S  
 LAKE WORTH FL 33463  
 US**

2. Principal Place of Business

**1531 Drexel Rd  
 Suite, Apt. #, etc.  
 285**

3. Mailing Address

**P.O. Box 1585  
 Suite, Apt. #, etc.**



1st MOORE CR2E034 (10/04)

City & State

**W. Palm Beach FL**

City & State

**W. Palm Beach, 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, JANIE H  
 5249 WOODSTONE CIR S  
 LAKE WORTH FL 33463**

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  Delete  
 NAME **D VARNES, JANIE H**  
 STREET ADDRESS **5249 WOODSTONE CIR S**  
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

**4-14-05 561-586-2566**  
 Date Daytime Phone #