


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19, 2007 8:00 am
Secretary of State

01-16-2007 90191 043 ***150.00

DOCUMENT # P96000072737	
1. Entity Name VARO ESTATES, INC.	

Principal Place of Business 605 BAYVIEW DRIVE BELLEAIR, FL 33756 US	Mailing Address 605 BAYVIEW DRIVE BELLEAIR, FL 33756 US
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66001939



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3398322	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LOVELACE, WILLIAM K 2310 W BAY DRIVE LARGO, FL 33770
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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 registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	P COURTNEY, W R 605 BAYVIEW DRIVE . Belleair. CLEARWATER, FL 33758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. COURTNEY, VALERIE M. 605. Bayview Drive. Belleair. CLEARWATER FL. 33756.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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:

Valerie M. Courtney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #