


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P97000067125</b> 1. Entity Name <b>WM. T. VARNELL IRRIGATION SERVICE, INC.</b>	
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Principal Place of Business <b>33229 DARBY TRAIL DADE CITY, FL 33525</b>	Mailing Address <b>33229 DARBY TRAIL DADE CITY, FL 33525</b>
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**DO NOT WRITE IN THIS SPACE**



05162006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3466981</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**AUVIL, JON L  
37837 MERIDIAN AVENUE  
SUITE 314  
DADE CITY, FL 33525**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE <b>D</b>	<b>VARNELL, WM. T.</b>
NAME	<b>33229 DARBY TRAIL</b>
STREET ADDRESS	<b>DADE CITY, FL 33525</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000565280  
05/20/06-80122-004 158.75

**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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-16-06 352-588-2746**  
Date Daytime Phone #