2006 FOR PROFIT CORPORATION

ANNUAL REPORT FILED DOCUMENT # P99000087708 Apr 20, 2006 08:00 AN Secretary of State 1. Entity Name BILL VARNEY SERVICES, INC. Principal Place of Business Mailing Address 1280 OAKES BLVD 1280 OAKES BLVD NAPLES, FL 34119 NAPLES, FL 34119 No Chg-P CR2E034 (11/05) 04072006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0953945 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SOLDAVINI, BRIGID DO NOT WRITE 5455 JAEGER RD NAPLES, FL 34109 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 reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE VARNEY, SR, WILLIAM NAME 1280 OAKES BLVD STREET ADDRESS CITY - ST - ZIP NAPLES, FL 34119 U00000519458 05/02/06-80055-008 150.00 TITLE NAME STREET ADDRESS

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	ion
	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 direct	
	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 i
	changed, or on an attachment with an address, with all other like empowered.	

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZiP

FFICER OR DIRECTOR

Daytima Phone #