

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90337 029 ***150.00

DOCUMENT # S62978

1. Entity Name

VARNES TIMBER HAULING INC.



Principal Place of Business

PO BOX 247
FLORAHOME FL 32140

Mailing Address

PO BOX 247
FLORAHOME FL 32140

2. 300 Coral Farms Rd
Suite, Apt. #, etc.

3. P.O. Box 40
Suite, Apt. #, etc.

Florahome FL
32140
Country USA

Palatka FL
32178
Country USA



1st MOORE

CR2E034 (10/04)

4. FEI Number 59-3055898

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VARNES, DARRELL
305 CORAL FARMS ROAD
FLORAHOME FL 32140

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 re-registering)

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 PD ☐ Delete
NAME VARNES, DARRELL
STREET ADDRESS 305 CORAL FARMS RD.
CITY-ST-ZIP FLORAHOME FL

TITLE ST ☐ Delete
NAME VARNES, TRACY M.
STREET ADDRESS 305 CORAL FARMS RD.
CITY-ST-ZIP FLORAHOME FL

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 40
CITY-ST-ZIP Palatka FL 32178

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 40
CITY-ST-ZIP Palatka, FL 32178

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/05 386-312-8505