


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H24363</b> 1. Entity Name CARNES CAPITAL CORPORATION	
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Principal Place of Business 8889 PELICAN BAY BLVD. #500 NAPLES, FL 34108	Mailing Address 8889 PELICAN BAY BLVD. #500 NAPLES, FL 34108
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**DO NOT WRITE IN THIS SPACE**

07122006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2579248	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JOYCE, DAVID G  
8889 PELICAN BAY BLVD.  
#500  
NAPLES, FL 34108

**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 07/18/06

U00000571008  
07/18/06-80020-004 150.00

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOYCE, DAVID G 8889 PELICAN BAY BLVD. #500 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERMAN, BRUCE S 8889 PELICAN BAY BLVD, #500 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP JANOYAN, JANO 8889 PELICAN BAY BLVD, #500 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERNANDEZ, VICTOR 8889 PELICAN BAY BLVD #500 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: [Signature] 7-12-06 279-254-270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #