2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H24363

1. Entity Name

CARNES CAPITAL CORPORATION



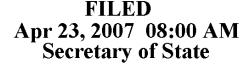
Principal Place of Business Mailing Address

8889 PELICAN BAY BLVD. #500 NAPLES, FL 34108

8889 PELICAN BAY BLVD.

#500

NAPLES, FL 34108





DO NOT WRITE IN THIS SPACE

04102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2579248

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOYCE, DAVID G 8889 PELICAN BAY BLVD. #500

NAPLES, FL 34108

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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 little if applicable

(NOTE: Registered Agent signature required when reinstating)

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

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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	

U00000726550 05/04/07-80012-005 150.00

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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.

NTED JAME OF SIGNING OFFICER OR DIRECTOR