

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 28 PM 2: 09

DOCUMENT # P01000025062

1. Entity Name  
CARNEY SOLUTIONS, INC.



Principal Place of Business  
1938 SETTING SUN TR  
TALLAHASSEE, FL 32303

Mailing Address  
1938 SETTING SUN TR  
TALLAHASSEE, FL 32303

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282008 Chg-P CR2E034 (12/06)

4. FEI Number

59-3706311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CARNEY, ANTHONY  
1938 SETTING SUN TR  
TALLAHASSEE, FL 32303

## 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 life if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

D  
CARNEY, ANTHONY  
1938 SETTING SUN TR  
TALLAHASSEE, FL 32303

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

600126321416  
04/28/08--01021--010 \*\*150.00

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☐ Change ☐ Addition

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

4/28/2008 450-570-0855  
Date Daytime Phone #

4/28/08