2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2007 08:00 AM **Secretary of State**

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1. Entity Name

PAUL J. CARNLEY, INC.



Principal Place of Business

213 LAKE IDA POINT RD. INTERLACHEN, FL 32148 Mailing Address

213 LAKE IDA POINT RD. INTERLACHEN, FL 32148



DO NOT WRITE IN THIS SPACE

	88188 88111 88111 89	84 11874 A1414 11881 11881 18111 8811821 11 1881
02212007	No Cha-P	CR2E034 (11/05)

Applied For 4. FEI Number 38-3693072 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

CARNLEY, PAUL J 213 LAKE IDA POINT RD. INTERLACHEN, FL 32148

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	named entity submits this statement for the paions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bot	th, in the State of Florida. 1 am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable. (NOTE, Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	######################################
10. OFFICERS AND DIRECT		CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNLEY, PAUL J 213 LAKE IDA POINT RD. INTERLACHEN, FL 32148				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNLEY, JUANITA 213 LAKE IDA POINT RD. INTERLACHEN, FL 32148	-			

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 eath; 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.

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

3-21-07

386.684.290