

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000038598

**FILED**  
**Feb 04, 2007**  
**Secretary of State**

**Entity Name:** CARNES INCORPORATED

**Current Principal Place of Business:**

P.O. BOX 621266  
ORLANDO, FL 32862

**New Principal Place of Business:**

5111 PICADILLY CIRCUS COURT  
ORLANDO, FL 32839

**Current Mailing Address:**

P.O. BOX 621266  
ORLANDO, FL 328621266

**New Mailing Address:**

**FEI Number:** 20-1008048

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROWE, THELMA J  
P.O. BOX 621266  
ORLANDO, FL 32862 US

**Name and Address of New Registered Agent:**

ROWE, THELMA J  
5111 PICADILLY CIRCUS COURT  
ORLANDO, FL 32839 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

02/04/2007

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVTS ( ) Delete  
Name: ROWE, THELMA J  
Address: P.O. BOX 621266  
City-St-Zip: ORLANDO, FL 32862

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THELMA ROWE

Electronic Signature of Signing Officer or Director

P

02/04/2007

Date