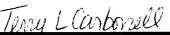
FORM 1	STATEN	MENT OF	2006
Please print or type your name, mailing address, agency name, and position below	FINANCIAI	L INTERES	TS [Inter-office Seroffice 9-18-2007
LAST NAME - FIRST NAME - MIDDLE			OR OFFICE 9-18-3007
Carbanell leg	REY L	Us	SE ONLY:
21530 Pearl St	, [	:	(2) 5/31/2007
			ID Code E
CITY:	ZIP: COUNTY:		ID No.
NAME OF AGENCY:	39120 <u>Le</u>	2	Ö
Const. Lic. Board	d		Conf. Code
NAME OF OFFICE OR POSITION HELI	D OR SOUGHT :		P. Req. Code
1711/11/11/11/11/11/11/11/11/11	ember-		***************************************
You are not limited to the space on the line CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR	<u>-</u>	PDF 2006
CANDIDATE	OK MEW EMPEOTEE OK	AFFORTEL	
DECEMBER 31, 2006  MANNER OF CALCULATING REPORTA THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, (	OW WHETHER THIS STATEMENT IS  OR SPECIFY  ABLE INTERESTS:  THE OPTION OF USING REPORT  OR USING COMPARATIVE THRES	RECEDING TAX YEAR, W S FOR THE PRECEDING TAX YEAR IF OTHER TH RTING THRESHOLDS TH SHOLDS, WHICH ARE US	HETHER BASED ON A CALENDAR YEAR OR ON TAX YEAR ENDING EITHER (check one):  IAN THE CALENDAR YEAR:  IAT ARE ABSOLUTE DOLLAR VALUES, WHICH GUALLY BASED ON PERCENTAGE VALUES (see
instructions for further details). PLEASE  COMPARATIVE (PERCENTAGE)		OR EFFECTS EI	DOLLAR VALUE THRESHOLDS
PART A - PRIMARY SOURCES OF IN NAME OF SOURCE OF INCOME	SO	the reporting person] URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Burson/Wethers	alva. Fi		Mortagge Receivable
Billy's CROCK LLC	FOR MUCES	h	Mortanos escavable
Used Car Dest	1 / '	FL	MOGRAGE RECEIVEDLE
Bed Roof Cabin	142 Hountain		
			ome to businesses owned by the reporting person]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURC	PRINCIPAL BUSINESS
PART C REAL PROPERTY [Land, b		on]	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
31530 Year St. alva h	33920		
ia normanay or Tavernier & 33070			INSTRUCTIONS on who must file this form and how to fill it out begin
142 Muntain West D	1	<u>8585</u>	on page 3.
100 5 UIRAN Ka	TOVERNIER PL 33	U7U	OTHER FORMS you may need to

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE   BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Stack portfolio	Frank C	f América		
CHECKING/Savinas		f A		
Cricking Xaring	Florida	Gulf Bank		
.civinus	- PIUNCO	gan com		
PART E LIABILITIES [Major of NAME OF CRED		ADDRESS OF CRED	DITOR	
nune				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]				
San	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	TLC Const Serv INC	CSI Sons CORD		
ADDRESS OF BUSINESS ENTITY	225 F. Combon 1 Nul 3293	J. J		
PRINCIPAL BUSINESS ACTIVITY	postervisos	(3)		
POSITION HELD WITH ENTITY	Pres			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	V/05	2019		
NATURE OF MY OWNERSHIP INTEREST	Object idea			
	Shareholder			
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE				
SIGNATURE (required):	ny L Carbonell	DATE SIGNED (I	required): 9/17/07	



### WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

#### NOTE:

#### **MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

# FILING INSTRUCTIONS:

## WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

### WHEN TO FILE:

initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their posi-

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

FORM 1	STATEM	ENT OF	2006			
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS				
LAST NAME FIRST NAME MIDDLE  CARDONAL TEAR  MAILING ADDRESS:  21530 PEUR S:	Ly L	FOR OFFI USE ONL	7			
ONTO TEUR! S			ID Code #122			
CITY:  O   VCL  NAME OF AGENCY:	ZIP: COUNTY: FL 33920	Lee	ID No.			
NAME OF OFFICE OR POSITION HELI		$\longrightarrow \bigvee$	Conf. Code P. Req. Code			
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.  CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE						
**BOTH PARTS OF THIS SECTION MUST BE COMPLETED**  DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):  DECEMBER 31, 2006  OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:  MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):						
COMPARATIVE (PERCENTAGE)			LLAR VALUE THRESHOLDS			
PART A PRIMARY SOURCES OF INC NAME OF SOURCE OF INCOME	SOU	ne reporting person] RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Farm Mortguge	Butson, Wethers	alva, h	Real estate			
Seaboard Mtg.	JULULION A HI	er h	CAY ESTATY CAY SULES			
Vela Mrg.	Francisco Vela. 7	liam, h	real estate			
_	F INCOME [Major customers, clients, and NAME OF MAJOR SOURCES OF BUSINESS' INCOME	and other sources of income to be ADDRESS OF SOURCE	usinesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
PART C REAL PROPERTY [Land, buildings owned by the reporting person]			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
21550 Year St. alva h 35920 142 Mountain Crest Dr. Spenker TN 38585			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			
Stone Creek Lut 1, Spencer TN 38585 101 NORMANDY BY TAVERNIES FL 33070			OTHER FORMS you may need to file are described on page 6.			

PART D — INTANGIBLE PERS TYPE OF INTANG	ONAL PROPERTY [Stocks, bo	onds, certificates	s of deposi BUSINESS	t, etc.] S ENTITY TO WHIC	H THE PROPERTY RELATES	
Stocks			ayer	i	Ment Acc't	
bank acc +	7	, 7	anor	~		W
bunkace't		10rida	aulf	Bank		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>			
PART E — LIABILITIES [Major NAME OF CREI				ADDRESS OF	F CREDITOR	
none						
						i
PART F — INTERESTS IN SPEC	IFIED BUSINESSES [Ownersh	hip or positions in	n certain ty	pes of businesses]		
	BUSINESS ENTITY #	1	BUSIN	NESS ENTITY # 2	BUSINESS ENTITY	# 3
NAME OF BUSINESS ENTITY	TLC Cons Sen	INC				
ADDRESS OF BUSINESS ENTITY	225 COWBOY Way	, ,	h 3	33435		
PRINCIPAL BUSINESS ACTIVITY	newly formed-	7	, <u> </u>			<u> </u>
POSITION HELD WITH ENTITY	OWNER / Pres					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%					
NATURE OF MY OWNERSHIP INTEREST	Stub - 100%					
IF ANY OF PARTS	A THROUGH F ARE CO	NTINUED O	N A SEP	ARATE SHEET	, PLEASE CHECK HERE	]
SIGNATURE (required):	ryl Carponel	D.			NED (required): インレルフ	
FILING INSTRUCTIONS:						
WHAT TO FILE:		E TO EII E.			WHEN TO FILE.	

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