

FINANCIAL INTERESTS

RECEIVED

EMW

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Carrasco, Jr., George

105554594

MAILING ADDRESS :

2145 SE 5th St

CITY : Ocala ZIP : 34471 COUNTY : Marion County

NAME OF AGENCY : Ocala

NAME OF OFFICE OR POSITION HELD OR SOUGHT : CITY OCALA BOARD OF ADJUSTMENT

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

FOR OFFICE USE ONLY: JUN 26 PM 1:38

SUPERVISOR OF ELECTIONS MARION COUNTY, FLORIDA

ID Code

ID No.

Conf. Code

P. Req. Code

**\*\*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, 2007 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) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
GUARDIAN LIFE INS	7 HANOVER SQUARE NY, NY	LIFE INS. SALES
Geo Mark LLC	SE FT KING	REAL ESTATE HOLDINGS
CARRASCO HOLDING PART.	SE FT KING	REAL ESTATE
GEORGE CARRASCO JR TRUST	2145 SE 5TH ST OCALA	REAL ESTATE

**PART B -- SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person]

24 S. MAGNOLIA AVE, 212 S. MAGNOLIA AVE, 1921 N. MAGNOLIA AVE,
503 SE 9TH ST, 505 SE 9TH ST, 1105 SE 24TH AVE
2145 SE 5, 125, 2853 N. RIVERS EDGE DR.
CRYSTAL RIVER, FLA, 2416 LEMON ST THURSDAY, 2418 LEMON ST THURSDAY FLA

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.

**OTHER FORMS** you may need to file are described on page 6.

105554594

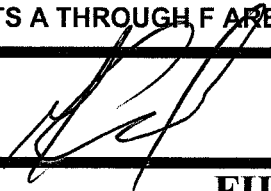
PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
<del>OCALA NATIONAL BANK</del>	<del>R</del>
CD	OCALA NAT. BANK Ocala FL
CD	IND. NAT. BANK, Ocala FL

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
IND. BANK	SE 17th ST Ocala FL
OCALA NAT. BANK	SE MARICAMP Ocala FL

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	SPLASH & GO LLC	GEO MARK LLC	OMALLEYS ACADEMY PACC
ADDRESS OF BUSINESS ENTITY	1921 N. MAGNOLIA	506 SE PARKWAY	24 S. MAGNOLIA
PRINCIPAL BUSINESS ACTIVITY	CAR WASH	REAL ESTATE HOLDINGS	REST. COUNGE
POSITION HELD WITH ENTITY	PARTNER	PARTNER	Press Sec UP TN
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	50%	50%	100%
NATURE OF MY OWNERSHIP INTEREST	LLC	LLC	STOCK

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):



DATE SIGNED (required):

6/26/08

**FILING INSTRUCTIONS:**

**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.

**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 Blvd. 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 positions.

**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.

PART F.

George Carrasco

BUS. ENTITY #4

CARRASCO INSURANCE & INVESTMENTS INC.

2145 SE 5th ST

Ocala Fla

TREAS

100% ownership

stock

PRES UP. SEC

BUS. ENTITY #5

CARRASCO RESORT PARTNERSHIP

REAL ESTATE HOLDING

2125 MAGNOLIA BL. Ocala Fla 34471



6/26/08