LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

DOCUMENT # L0500057584

1. Entity Name



Tool Man Home Improvments, LC

DO NOT WRITE IN THIS SPACE

FILED Apr 26, 2006 8:00 am Secretary of State

04-26-2006 90028 016 ****55.00

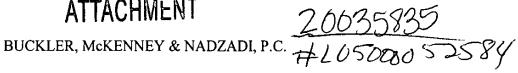
20035835

Daytime Phone #

_			-	
	Broadhaven Drive	3. Mailing Address 1849 Brod Suite, Apt. #, etc.	haven Drive	CR2E083B (8/05)
				011223005 (0100)
Middle Middle		Middle burg	FL	4. FEI Number Applied For Not Applicable
3 ^{zip} 06	SB Country USA	Zip 32068	Country USA	5. Certificate of Status Desired \$5.00 Additional Fee Required
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 0000	1 1	7. Name and Address of Current Registered Agent
	, DO NOT M	/RITE		yron Logswell s (P.O. Box Number's Not Acceptable)
مهاسونها در پ	IN THIS SI	PACE	1849 City M.S	Broadhaven Drive
	named entity submits this statement forms of registered agent.	or the purpose of changing its	s registered office or regist	stered agent, or both, withe State of Florida. I am familiar with, and accept
SIGNATURE -	Signature, typed or printer name of registered ager	Land title if applicable		04/22/06
(Make Check Payal	FEE IS \$50.00 ble to Florida Departm DUE BY MAY 1	ment of State
9.	MANAGING MEMB	ERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Byron Cogswell 1849 Broadhaven Di Middleburg FL	^ire 3 <u>3068</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·
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indicatéd	ertify that the information supplied will on this report is true and accurate an bility company or the receiver or tryste	d that my signature shall have	the same legal effect as if	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the apter 608, Florida Statutes.

NATED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ATTACHMENT



THESE ARE YOUR INSTRUCTIONS FOR FILING YOUR TAX RETURNS

Improvements year 2005 NAME OF TAXPAYER(S) Tool Man Home

TAX RETURN:	☐ Federal Deposit Coupon - FICA & FIT☐ ☐ EMS TAX (was Occ)☐ Form 940☐ PA Employer Deposit of Tax Withheld☐ ☐ Mercantile Tax☐ ☐ Form 941☐ ☐ PA Sales and Use Tax Return☐ ☐ Business Privilege Tax☐ ☐ Form UC-2☐ PA Reconciliation of Income Tax Withheld☐ ☐ Local Wage Tax☐ ☐ Form 1096☐ ☐ Federal Deposit Coupon - Unemployment☐ ☐ Local Wage Tax Estimate☐ ☐ Form 1099☐ ☐ Employee's Copy of W-2☐ ☐ PA W-2 Transmittal☐ ☐ ET-1 Pgh Payroll Exp. Tax☐ ☐ PA W-2 Transmittal☐ ☐ ET-1 Pgh Payroll Exp. Tax☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
DUE DATE:	Mail in time to reach destination on or before: JAN
TAX DUE:	Draw a Check To: U.S. Treasury PA Department of Revenue PA Unemployment Compensation Fund Joint Tax Collection Agency Florica Department of Check \$
IGNATURE:	The return should be signed and dated at the top of page by: Taxpayer
IAILING NSTRUCTIONS:	Maintenance if any, to: Maintenance if any, t

Please review all returns before filing to ensure that there are no omissions or misstatements of material facts.

Taxing authorities can request documents supporting your returns. Retain your records for at least four years