


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

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

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

DOCUMENT # L05000052584	
1. Entity Name Tool Man Home Improvements, LLC	

DO NOT WRITE IN THIS SPACE

20035835

2. Principal Place of Business 1849 Broadhaven Drive Suite, Apt. #, etc.	3. Mailing Address 1849 Broadhaven Drive Suite, Apt. #, etc.
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CR2E083B (8/05)

City & State Middleburg FL	City & State Middleburg FL
Zip 32068 Country USA	Zip 32068 Country USA

4. FEI Number 20 1288941	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Byron Cogswell	
Street Address (P.O. Box Number is Not Acceptable) 1849 Broadhaven Drive	
City Middleburg	FL Zip Code 32068

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **04/22/06**

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1
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9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Byron Cogswell 1849 Broadhaven Drive Middleburg FL 32068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE **04/22/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ATTACHMENT

BUCKLER, McKENNEY & NADZADI, P.C.

20035835

#105000052584

THESE ARE YOUR INSTRUCTIONS FOR FILING YOUR TAX RETURNS

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

TAX RETURN:

- | | | |
|---|--|--|
| <input type="checkbox"/> Federal Deposit Coupon - FICA & FIT | <input type="checkbox"/> EMS TAX (was Occ) | <input type="checkbox"/> Form 940 |
| <input type="checkbox"/> PA Employer Deposit of Tax Withheld | <input type="checkbox"/> Mercantile Tax | <input type="checkbox"/> Form 941 |
| <input type="checkbox"/> PA Sales and Use Tax Return | <input type="checkbox"/> Business Privilege Tax | <input type="checkbox"/> Form UC-2 |
| <input type="checkbox"/> PA Reconciliation of Income Tax Withheld | <input type="checkbox"/> Local Wage Tax | <input type="checkbox"/> Form 1096 |
| <input type="checkbox"/> Federal Deposit Coupon - Unemployment | <input type="checkbox"/> Local Wage Tax Estimate | <input type="checkbox"/> Form 1099 |
| <input type="checkbox"/> Employee's Copy of W-2 | <input type="checkbox"/> PA W-2 Transmittal | <input type="checkbox"/> ET-1 Pgh Payroll Exp. Tax |
- ☒ Limited Liability Company Annual Report

DUE DATE:

Mail in time to reach destination on or before:

- | | | | | |
|------------------------------|---|-------------------------------|-----------------------------|--|
| <input type="checkbox"/> JAN | <input checked="" type="checkbox"/> MAY | <input type="checkbox"/> SEPT | <input type="checkbox"/> 15 | <input checked="" type="checkbox"/> 1 |
| <input type="checkbox"/> FEB | <input type="checkbox"/> JUNE | <input type="checkbox"/> OCT | <input type="checkbox"/> 20 | <input checked="" type="checkbox"/> 2006 |
| <input type="checkbox"/> MAR | <input type="checkbox"/> JULY | <input type="checkbox"/> NOV | <input type="checkbox"/> 30 | <input type="checkbox"/> AT THIS TIME |
| <input type="checkbox"/> APR | <input type="checkbox"/> AUG | <input type="checkbox"/> DEC | <input type="checkbox"/> 31 | <input type="checkbox"/> |

TAX DUE:

Draw a Check To:

- | | |
|--|---|
| <input type="checkbox"/> U.S. Treasury | <input type="checkbox"/> Your Bank |
| <input type="checkbox"/> PA Department of Revenue | <input type="checkbox"/> Treasurer City of Pittsburgh |
| <input type="checkbox"/> PA Unemployment Compensation Fund | <input type="checkbox"/> Earned Income Tax Collector |
| <input type="checkbox"/> Joint Tax Collection Agency | <input type="checkbox"/> Central Tax Bureau |

☒ Florida Department of State

☒ Amount of Check \$ 50.00

☐ \$ _____ will be refunded.

☐ There is no tax due

☐ \$ _____ will be credited on your _____

SIGNATURE:

The return should be signed and dated at the middle of page 1 and bottom of page 1 by:

- | | | |
|--|---|--|
| <input type="checkbox"/> Taxpayer | <input checked="" type="checkbox"/> One of the Partners | <input type="checkbox"/> Fiduciary |
| <input type="checkbox"/> Taxpayer & Spouse | <input type="checkbox"/> One of the Officers | <input type="checkbox"/> No Signature Required |
- ☐ And at the bottom of page _____ by: _____

MAILING INSTRUCTIONS:

☒ The return and remittance, if any, to:

☒ Use Enclosed Envelope

- | |
|---|
| <input type="checkbox"/> Your Bank |
| <input type="checkbox"/> PA Department of Revenue, Dept. _____, Harrisburg, PA _____ |
| <input type="checkbox"/> PA Department of Revenue, Box _____, Pittsburgh, PA _____ |
| <input type="checkbox"/> Treasurer City of Pittsburgh, Box _____, Pittsburgh, PA _____ |
| <input type="checkbox"/> Internal Revenue Service, Philadelphia, PA 19255 |
| <input type="checkbox"/> Municipality of Monroeville, _____, Monroeville, PA 15146 |
| <input type="checkbox"/> Your Employees |
| <input type="checkbox"/> No filing necessary, the return is being filed electronically. |
| <input type="checkbox"/> Recipients |
| <input type="checkbox"/> COMMENTS: _____ |

Note the date filed and check number for your records.

Put your social security number or tax ID number on your check to insure proper credit.

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