

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90003 038 ***150.00

DOCUMENT # P03000143387

1. Entity Name

ROBERT SHEARS FLOORING, INC.



Principal Place of Business
4707 BUSTI WAY
SARASOTA FL 34234

Mailing Address
4707 BUSTI WAY
SARASOTA FL 34234

04072003



MOORE CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

27-0072029

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEPBURN, WILLIAM JR.
4305 19 AVE W
BRADENTON FL 34209-5126

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SHEARS, ROBERT W
STREET ADDRESS 4707 BUSTI WAY
CITY-ST-ZIP SARASOTA, FL 34234

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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, and that my signature shall have the same legal effect as if made under oath. 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 in the report or that I have changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William Hephburn Jr.* Registered Agent 941-792-4478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2 of 7

Attachment # P03000143387

All realized that there could be ⁵⁴⁰²²⁶⁶³ no work done until ~~the~~ the "W/C Exemption" was done, they all "panicked" and ~~then~~ tried to get everything done. It seems that most of them got all of it done - but in the wrong order !!

This is one of the Subs that got his corporation set up filed on 11/24/03. No where on the application does it request a starting date of the business. Mr. Shears was not able to start the business until the second quarter of 2003. Please note the CP575A Notice from the Internal Revenue Service states that his first report was due on 7/31/04. (See Attached).

We are enclosing a check to cover the \$150.00 original Corp Fee. Since this form did not reach the taxpayer until late in Aug., we feel the additional \$400.00 is not due.

Attachment

1 of 7

54072663

9/7/04

WILLIAM HEPBURN, JR. #103000143387
ACCOUNTANT

Phone (941) 792-4478
4305 19th Ave. W.
Bradenton, FL
34209-5126

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

Re: Robert ~~Shaw~~ Skene
Flooring, Inc
EIN# 27-0072029
VOT# 2541520

To Whom ~~It~~ May Concern,

The attached Annual Report is another one of the problems created by the State when they decided to require all Sub Contractors to be a Corporation before 1/1/04 in order to get the W/c Exemption!! To begin with the notice of this "requirement" did not get to the Subs until late in 2003! Then the W/c group said the Subs couldn't work until they had the "Exemption"!! It seems that there were three or four State Departments all pulling & pushing in different directions all at once. The only problem was ~~that~~ ^{that} no one had planned ahead for all of the Departments!! Mass Confusion!!

When the Contractors and the Sub Contractors

3 of 7

Attachment # P03000143387⁵²⁴⁰⁷²⁶⁶³

We regret the delay in sending this form but the taxpayer didn't ~~have~~ know what to do with the form. And then came the Hurricanes and the Clean up!!! But here it is!

This is pretty good for an old man!!

Please advise

Very truly,

Bill Hyphum

Chkd # 0539 Attached



4067
DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255-0023

Attachment

DATE OF THIS NOTICE: 12-01-2003
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 27-0072029
FORM: SS-4 NOBOD 0000001409
0532561781 B

FOR ASSISTANCE CALL US AT:
1-800-829-0115

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

54072663
P03000143387

ROBERT SHEARS FLOORING INC
SHEARS ROBERT W GEN PTR
4707 BUSTI WAY
SARASOTA FL 34234

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 27-0072029. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following form(s) by the date we show.

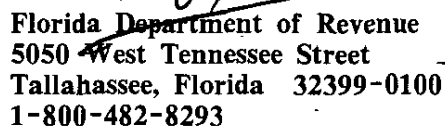
Form 941
Form 1120
Form 940

07/31/2004
03/15/2005
01/31/2005

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-0115 or write to us at the address shown above.



54072663
P03000143387

General Tax Administration
Child Support Enforcement
Property Tax Administration
Administrative Services
Information Services

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Dear ROBERT SHEARS FLOORING INC

You will be issued an official notification of your unemployment tax liability and tax rate in the near future; and your current Employer's Quarterly Report will be mailed during the last month of the quarter.

Please use this account number on all correspondence with the Department.
Provide this account number to anyone who is authorized to represent you
~~with the Department of Revenue, Unemployment Tax.~~

Central Registration-UT

COPY

Employer's Quarterly Federal Tax Return

▶ See separate instructions revised January 2003 for information on completing this return.

Please type or print.

Enter state code for state in which deposits were made **only** if different from state in address to the right (see page 2 of separate instructions).

Name (as distinguished from trade name)

Date quarter ended

ROBERT SHEARS FLOORING, INC.

Trade name, if any

Employer identification number

4707 BUSTI WAY

27-0072029

Address (number and street)

City, state, and ZIP code

SARASOTA, FLA 34234

OMB No. 1545-0029

T

FF

FD

FP

I

T

If address is different from prior return, check here ▶

1	1	1	1	1	1	1	1	1	1	2	3	3	3	3	3	3	3	3	4	4	4	5	5	5
6	7	8	8	8	8	8	8	8	8	9	9	9	9	9	10	10	10	10	10	10	10	10	10	10

A If you do not have to file returns in the future, check here ▶ ☐ and enter date final wages paid ▶

B If you are a seasonal employer, see **Seasonal employers** on page 1 of the instructions and check here ▶ ☐

1	Number of employees in the pay period that includes March 12th	▶	1		
2	Total wages and tips, plus other compensation		2		
3	Total income tax withheld from wages, tips, and sick pay		3		
4	Adjustment of withheld income tax for preceding quarters of this calendar year		4		
5	Adjusted total of income tax withheld (line 3 as adjusted by line 4)		5		
6	Taxable social security wages	6a	×	12.4% (.124) =	6b
	Taxable social security tips	6c	×	12.4% (.124) =	6d
7	Taxable Medicare wages and tips	7a	×	2.9% (.029) =	7b
8	Total social security and Medicare taxes (add lines 6b, 6d, and 7b). Check here if wages are not subject to social security and/or Medicare tax		8		
9	Adjustment of social security and Medicare taxes (see instructions for required explanation) Sick Pay \$ _____ ± Fractions of Cents \$ _____ ± Other \$ _____ =		9		
10	Adjusted total of social security and Medicare taxes (line 8 as adjusted by line 9)		10		
11	Total taxes (add lines 5 and 10)		11		
12	Advance earned income credit (EIC) payments made to employees (see instructions)		12		
13	Net taxes (subtract line 12 from line 11). If \$2,500 or more, this must equal line 17, column (d) below (or line D of Schedule B (Form 941))		13		
14	Total deposits for quarter, including overpayment applied from a prior quarter		14		
15	Balance due (subtract line 14 from line 13). See instructions		15		
16	Overpayment. If line 14 is more than line 13, enter excess here ▶ \$ _____ and check if to be: <input type="checkbox"/> Applied to next return or <input type="checkbox"/> Refunded.				

• All filers: If line 13 is less than \$2,500, do not complete line 17 or Schedule B (Form 941).

• Semiweekly schedule depositors: Complete Schedule B (Form 941) and check here ▶ ☐

• Monthly schedule depositors: Complete line 17, columns (a) through (d), and check here. ▶ ☐

17 Monthly Summary of Federal Tax Liability. (Complete Schedule B (Form 941) instead, if you were a semiweekly schedule depositor.)			
(a) First month liability	(b) Second month liability	(c) Third month liability	(d) Total liability for quarter

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see separate instructions)? ☒ Yes. Complete the following. ☐ No

Designee's name ▶

WILLIAM HEPBURN, JR.
4305-19th Avenue, West
Bradenton, FL 34209

Phone no. ▶

941-792-4478

Personal Identification Number (PIN) ▶

62596

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature

William Hepburn Jr.

Print Your Name and Title ▶

WILLIAM HEPBURN, JR.
Accountant

Date ▶ **6/18/04**