



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90078 045 \*\*\*158.75

<b>DOCUMENT # P03000148247</b> 1. Entity Name <b>PROPER POOL CLEANING SERVICE, INC.</b>					
Principal Place of Business <b>2780 WOODSTREAM CIR KISSIMMEE, FL 34743</b>			Mailing Address <b>2780 WOODSTREAM CIR KISSIMMEE, FL 34743</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>BYRNES, GERALD 2780 WOODSTREAM CIR KISSIMMEE, FL 34743</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BYRNES, GERALD 2780 WOODSTREAM CIR KISSIMMEE, FL 34743</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 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 Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			4/16/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40062730



04092007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-0560938**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**



Florida Corporate Income/ Franchise and Emergency Excise Tax Return  
FEIN 20-0560938

ATTACHMENT

40062730

#PD3000148247

F-1120, R. 01/07 Page 1 TW06

873602006123100020050372320056093800000



For calendar year 2006 or tax year beg. \_\_\_\_\_, 2006 ending \_\_\_\_\_

Name PROPER POOL CLEANING SERVICES

Address

Address 2780 WOODSTREAM CIRCLE

City/State/ZIP Kissimmee FL 34743

☐ Check here if any changes have been made to name or address

☐ Check here if you do not want the Department to send you a form next year. (see instructions)

Computation of Florida Net Income and Emergency Excise Tax

1. Federal taxable income (see instructions)  
Attach pages 1-4 of federal return ..... Check here if negative \_\_\_\_\_ 0.00
2. State income taxes deducted in computing federal taxable income  
(attach schedule) ..... Check here if negative \_\_\_\_\_
3. Additions to federal taxable income (from Schedule I) ..... Check here if negative \_\_\_\_\_
4. Total of Lines 1, 2 and 3 ..... Check here if negative \_\_\_\_\_
5. Subtractions from federal taxable income (from Schedule II) ..... Check here if negative \_\_\_\_\_
6. Adjusted federal income (Line 4 minus Line 5) ..... Check here if negative \_\_\_\_\_
7. Florida portion of adjusted federal income (see instructions) ..... Check here if negative \_\_\_\_\_ 0.00
8. Nonbusiness income allocated to Florida (from Schedule R) ..... Check here if negative \_\_\_\_\_ 0.00
9. Florida exemption ..... 0.00
10. Florida net income (Line 7 plus Line 8 minus Line 9) ..... 0.00
11. Tax due: 5.5% of Line 10 or amount from Schedule VI, Line 11, whichever is greater  
(see instructions for Schedule VI) ..... 0.00
12. Credits against the tax (from Schedule V, Line 16) .....
13. Emergency excise tax due (from Schedule A, Line 20) .....
14. Total corporate income/franchise and emergency excise tax due (see instructions) .....
15. a) Penalty: F-2220 \_\_\_\_\_ b) Other \_\_\_\_\_  
c) Interest: F-2220 \_\_\_\_\_ d) Other \_\_\_\_\_ Line 15 Total ► .....
16. Total of Lines 14 and 15 .....
17. Payment credits: Estimated tax payments 17a \$ \_\_\_\_\_  
Tentative tax payment 17b \$ \_\_\_\_\_
18. Subtract Line 17 from Line 16. Enter amount due here and on payment coupon.  
If there is an overpayment, enter on Line 19 and/or Line 20 .....
19. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon .....
20. Refund: Enter amount of overpayment to be refunded here and on payment coupon .....

06 FL11201 TWF 17303 Copyright Forms (Software Only) - 2006 TW

2006 Florida Corporate Income Tax Return

Do Not Detach

YEAR ENDING 12-31-2006

TW06  
F-1120  
R. 01/07

To ensure proper credit to your account, attach your check to this payment coupon and mail with tax return.

Return is Due 1st Day of the 4th Month After Close of the Taxable Year

Name PROPER POOL CLEANING SERVICES

Check here if you transmitted funds electronically ► ☐

Address

Address 2780 WOODSTREAM CIRCLE

City/State/ZIP Kissimmee FL 34743

200560938	0	0	0
20060101	0	0	0
20061231	0	0	0
00000000	0	0	0
003	0	0	0
200	0	0	0
0	0	0	0
0	0	0	0



ATTACHMENT

40062730  
#P03000148247TW06  
FL F-1120  
R. 01/07  
Page 2

FEIN 20-0560938

This return is considered incomplete unless a copy of the federal return is attached. A return that is not signed, or improperly signed and verified, will be subject to a penalty. The statute of limitations period will not start until the return is properly signed and verified. This return must be completed in its entirety.			
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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Sign here	Signature of officer (must be an original signature)	Date 04/10/07	Title PRESIDENT
Paid preparers only	Preparer's signature	Date 04/10/07	Preparer check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN P00386261
	Firm's name (or yours if self-employed) and address	SV ACCOUNTING AND TAX SERVI 911 N Main St, Ste 9B Kissimmee FL 34744	
	FEIN	20-3866216	
		ZIP	34744

## All Taxpayers Are Required to Answer Questions A Through M Below as Appropriate -- See Instructions

- A. State of incorporation: FL
- B. Florida Secretary of State document number: P03000148247
- C. Florida consolidated return? YES ☐ NO ☒
- D. ☐ Initial return ☐ Final return (final federal return filed)
- E. Taxpayer election s. 220.03(5), F.S. ☒ General Rule ☐ Election A ☐ Election B
- F. Principal Business Activity Code (as pertains to Florida)  
811490
- G. A Florida extension of time was timely filed? YES ☐ NO ☐ If yes, attach copy of Florida Form F-7004.
- H-1. Corporation is a member of a controlled group? YES ☐ NO ☒ If yes, attach list.
- H-2. Part of a federal consolidated return? YES ☐ NO ☒ If yes, provide:  
FEIN from federal consolidated return: \_\_\_\_\_  
Name of corporation: \_\_\_\_\_
- H-3. The federal common parent has sales, property or payroll in FL? YES ☐ NO ☒
- I. Location of corporate books: 2780 WOODSTREAM CIRC  
Kissimmee FL 34743
- J. Taxpayer is a member of a Florida partnership or joint venture? YES ☐ NO ☒
- K. Enter date of latest IRS audit \_\_\_\_\_ List years examined \_\_\_\_\_
- L. Contact person and telephone for questions concerning this return:  
GERALD BYRNES (321) 624-6245
- M. Type of federal return filed ☐ 1120 ☐ 1120A ☒ 1120S or \_\_\_\_\_

**\* Do you want a personalized package?**

If you use purchased software to prepare and file your return and **do not** want us to send you a preprinted forms package next year, check the box in the upper right-hand corner of Page 1.

**Note:** Even if you check the box indicating that you **do not** want a package, you still may receive one last package next year as we capture and phase in your request.

**Where to Send Payments and Returns**

Make check payable to and send with return to:

FLORIDA DEPARTMENT OF REVENUE  
5050 W TENNESSEE STREET  
TALLAHASSEE FL 32399-0135

If you are requesting a **refund** (Line 20), send your return to:

FLORIDA DEPARTMENT OF REVENUE  
PO BOX 6440  
TALLAHASSEE FL 32314-6440

**Don't forget:**

- ✓ **Make your check payable to the Florida Department of Revenue.**
- ✓ **Write your FEI Number on your check.**
- ✓ **Sign your check and return.**
- ✓ **Attach a copy of your federal return.**
- ✓ **Attach a copy of your Form F-7004 (extension of time) if applicable.**



ATTACHMENT

40062730  
#P03000148247

TW06  
FL F-1120  
R. 01/07  
Page 3

FEIN 20-0560938  
DATA Page 1

200560938	0	0	0
0	0	0	0
0	1	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
1	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
0	0	0	0
288000	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0



40062730  
#PD3000148247

TW06  
FL F-1120  
R. 01/07  
Page 4

20-0560938

DATA Page 2

[illegible]



ATTACHMENT

40062730  
#PD3000148247TW06  
FL F-1120  
R. 01/07  
Page 5NAME PROPER POOL CLEANING SE FEIN 20-0560938TAXABLE YEAR ENDING 12-31-2006

<b>Schedule A — Computation of Emergency Excise Tax (for assets placed in service 1/1/81 to 12/31/86)</b>	
1. Total depreciation expense deducted on federal Form 1120	1. 2,880
2. Florida portion of adjusted federal income from F-1120, Page 1, Line 7 or Schedule VI, Line 7 (see instructions)	2.
3. Loss carry forward (Enter the loss as a positive number)	3. 0
4. Subtract Line 3 from Line 2 and enter here <b>Note:</b> If a loss carry forward shown on Line 3 exceeds a loss on Line 2, enter positive difference of the loss amounts shown	4. 0
5. Depreciation deducted pursuant to I.R.C. s. 168 for assets placed in service 1/1/81 to 12/31/86	5. 0
6. Straight-line depreciation deducted pursuant to I.R.C. s. 168(b)(3) and 60% of amounts of depreciation previously taxed on Schedule VI (for assets placed in service 1/1/81 to 12/31/86)	6.
7. All depreciation deducted pursuant to I.R.C. s. 168 directly related to any amount shown as nonbusiness income	7.
8. Subtract the sum of Line 6 and 7 from the amount on Line 5 and enter result here	8.
9. Multiply Line 8 by .40 (40%) and enter here	9.
10. Florida apportionment fraction shown in Schedule IIIA or IIID of F-1120 (Taxpayers that are 100% in Florida enter 1.0)	10. 1.000000
11. Multiply Line 9 by Line 10 and enter here	11.
12. Determine the amount of depreciation deducted pursuant to I.R.C. s. 168 [except pursuant to s. 168(b)(3)] used in computing nonbusiness income allocated to Florida, multiply the amount by .40 (40%), and enter here	12.
13. Add Lines 11 and 12 and enter here	13.
14. <b>Loss</b> shown on Line 4. <b>Note:</b> If Line 4 does <b>not</b> show a loss, enter 0	14. 0
15. The portion of the exemption provided in s. 220.14, Florida Statutes, not used for Chapter 220 purposes, if any. If none, enter 0	15. 0
16. Subtract the sum of Lines 14 and 15 from the amount on Line 13 and enter result here	16. 0
17. Multiply Line 16 by 2.5 ( <b>not</b> 2.5%) and enter here. <b>Note:</b> If Line 16 shows a loss, enter 0	17. 0
18. Total tax due (2.2% of Line 17)	18.
19. (a) Emergency excise tax credit: (b) Emergency excise tax credit carryover: (attach schedule) Total ▶	19.
20. Balance of tax due (enter on Page 1, Line 13)	20. 0

<b>Schedule I — Additions and/or Adjustments to Federal Taxable Income</b>	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income (see instructions)	1.	1.
2. Undistributed net long-term capital gains (see instructions)	2.	2.
3. Net operating loss, net capital loss, and excess charitable and employee benefit plan contribution carryovers deducted in computing federal taxable income (attach schedule)	3.	3.
4. Enterprise zone jobs credit (Form F-1156Z)	4.	4.
5. Ad valorem taxes allowable as enterprise zone property tax credit (Form F-1158Z)	5.	5.
6. Guaranty association assessment(s) credit	6.	6.
7. Rural and/or urban high crime area job tax credits	7.	7.
8. State housing tax credit	8.	8.
9. Credit for contributions to nonprofit scholarship funding organizations	9.	9.
10. Other additions (attach statement)	10.	10.
11. Total Lines 1 through 10 in Columns (a) and (b.) Enter totals for each column on Line 11. Column (a) total is also entered on Page 1, Line 3 (of the F-1120 return). Column (b) total is also entered on Schedule VI, Line 3.	11.	11.



ATTACHMENT

40062730  
#P03000148247TW06  
FL F-1120  
R. 01/07  
Page 6

NAME PROPER POOL CLEANING SE FEIN 20-0560938

TAXABLE YEAR ENDING 12-31-2006

Schedule II — Subtractions from Federal Taxable Income		Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Gross foreign source income less attributable expenses (a) Enter s. 78 I.R.C. income \$ _____ (b) plus s. 862 I.R.C. dividends \$ _____ (c) less direct and indirect expenses \$ _____ Total ▶		1.	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951 I.R.C. subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total ▶		2.	2.
<b>Note:</b> Taxpayers doing business both within and without Florida enter zero on Lines 3, 4, and 5 and complete Line 4 of Schedule IV.			
3. Florida net operating loss carryover deduction (see instructions)		3. 0	3. 0
4. Florida net capital loss carryover deduction (see instructions)		4. 0	4. 0
5. Florida excess charitable and/or employee benefit plan contribution carryover (see instructions)		5. 0	5. 0
6. Nonbusiness income (from Schedule R, Line 3)		6.	6.
7. Eligible net income of an international banking facility (see instructions)		7.	7.
8. Other subtractions (attach statement)		8.	8.
9. Total Lines 1 through 8 in Columns (a) and (b). Enter totals for each column on Line 9. Column (a) total is also entered on Page 1, Line 5 (of the F-1120 return). Column (b) total is also entered on Schedule VI, Line 5.		9.	9.

Schedule III — Apportionment of Adjusted Federal Income					
III-A For use by taxpayers doing business both within and without Florida, except those providing insurance or transportation services.					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to 6 Decimal Places	(d) Weight If any factor in Col. (b) is zero, see note in the inst.	(e) Weighted Factors Rounded to 6 Decimal Places
1. Property (Schedule III-B below)				X 25% or	
2. Payroll				X 25% or	
3. Sales (Schedule III-C below)				X 50% or	
4. Apportionment fraction [Sum of Lines 1, 2, and 3, Column (e)]. Enter here and on Schedule IV, Line 2.					0
III-B For use in computing average value of property. (Use original cost)		WITHIN FLORIDA		TOTAL EVERYWHERE	
	a. Beginning of year	b. End of year	a. Beginning of year	b. End of year	
1. Inventories of raw material, work in process, finished goods					
2. Buildings and other depreciable assets					
3. Land owned					
4. Other tangible and intangible (financial org. only) assets (attach schedule)					
5. Total (Lines 1 through 4)	0	0	0	0	0
6. Average value of property [add Line 5, Columns (a) and (b) and divide by 2 (for within Florida and total everywhere)]					
7. Rented property (8 times net annual rent)					
8. Total (Lines 6 & 7). Enter on Line 1, Sch. III-A, Column (a) and (b)					
		Average Florida		Average Everywhere	
III-C Sales Factor			TOTAL WITHIN FLORIDA (Omit cents)	TOTAL EVERYWHERE (Omit cents)	
1. Sales (gross receipts)					
2. Sales delivered or shipped to Florida purchasers					
3. Other gross receipts (rents, royalties, interest, etc. when applicable)					
4. TOTAL SALES [Enter on Schedule III-A, Line 3, Columns (a) and (b)]					
III-D Special Apportionment Fractions (see instructions)			(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction [(a) ÷ (b)] Rounded to Six Decimal Places
1. Insurance companies (attach copy of Sch. T -- Annual Report)					
2. Transportation services					



ATTACHMENT

40062730  
#PD3000148247TW06  
FL F-1120  
R. 01/07  
Page 7NAME PROPER POOL CLEANING SE FEIN 20-0560938TAXABLE YEAR ENDING 12-31-2006**Schedule IV — Computation of Florida Portion of Adjusted Federal Income**

	Column (a) ADJUSTED FEDERAL INCOME	Column (b) ADJUSTED AMT INCOME
1. Apportionable adjusted federal income from Page 1, Line 8 [or Line 8, Schedule VI for AMT in Col. (b)]	1.	1.
2. Florida apportionment fraction [Schedule III-A, Line 4 or Schedule III-D, Column (c)]	2.	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.	3.
4. Net operating loss and/or other carryover apportioned to Florida (attach statement; see instructions)	4.	4.
5. Adjusted federal income apportioned to Florida (Line 3 less Line 4; see instructions)	5.	5.

**Schedule V — Credits Against the Corporate Income/Franchise Tax**

1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Emergency excise tax (EET) credit (see instructions and attach schedule)	8.
9. Hazardous waste facility tax credit	9.
10. Florida alternative minimum tax (AMT) credit	10.
11. Contaminated site rehabilitation tax credit (attach tax credit certificate)	11.
12. Child care tax credits (attach certification letter)	12.
13. State housing tax credit (attach certification letter)	13.
14. Credit for contributions to nonprofit scholarship funding organizations	14.
15. Other credits (attach schedule)	15.
16. Total credits against the tax (sum of Lines 1 through 15 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	16. 0

**Schedule VI — Computation of Florida Alternative Minimum Tax (AMT)**

1. Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1.
2. State income taxes deducted in computing federal taxable income (attach schedule)	2.
3. Additions to federal taxable income [from Schedule I, Column (b)]	3.
4. Total of Lines 1 through 3	4.
5. Subtractions from federal taxable income [from Schedule II, Column (b)]	5.
6. Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6.
7. Florida portion of adjusted federal income (see instructions)	7.
8. Nonbusiness income allocated to Florida (see instructions)	8.
9. Florida exemption	9.
10. Florida net income (Line 7 plus Line 8 minus Line 9)	10.
11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11. 0





ATTACHMENT 40062 730  
#PD03000148247

TW06  
FL F-1120  
R. 01/07  
Page 8

NAME PROPER POOL CLEANING SE FEIN 20-0560938 TAXABLE YEAR ENDING 12-31-2006

**Schedule R — Nonbusiness Income**

**Line 1. Nonbusiness Income (loss) allocated to Florida**

Type	Amount
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
Total allocated to Florida .....	1. <hr/>
(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)	

**Line 2. Nonbusiness Income (loss) allocated elsewhere**

Type	State/country allocated to	Amount
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Line 2. Total allocated elsewhere ..... 2. 

---

**Line 3. Total nonbusiness income**

Grand total. Total of Lines 1 and 2 ..... 3. 

---

(Enter here and on Schedule II, Line 6)

## ATTACHMENT

H0062730  
#P03000148247

Form 1120S

## U.S. Income Tax Return for an S Corporation

OMB No. 1545-0130

Department of the Treasury  
Internal Revenue Service

▶ Do not file this form unless the corporation has filed

Form 2553 to elect to be an S corporation.

▶ See separate instructions.

2006

For calendar year 2006 or tax year beginning

2006, ending

20

A Effective date of S election

Use IRS label. Otherwise, print or type.

01-01-2004

Name Number, street, room/suite no. City/town, state, &amp; Zip code

PROPER POOL CLEANING SERVICES INC

2780 WOODSTREAM CIRCLE

Kissimmee FL 34743

C Employer ID no.

20-0560938

D Date incorporated

12-05-2003

E Total assets (see instr.)

\$ 4,320

F Check if: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return

G Enter the number of shareholders in the corporation at the end of the tax year ▶ 1

H Check if Schedule M-3 is required (attach Schedule M-3) ▶ ☐

Caution. Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

SEE INSTRUCTIONS FOR LIMITATIONS DEDUCTIONS	1a	Gross receipts or sales	77,955	b	Less returns and allowances		c Bal	1c	77,955
	2	Cost of goods sold (Schedule A, line 8)						2	42,500
	3	Gross profit. Subtract line 2 from line 1c						3	35,455
	4	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)						4	
	5	Other income (loss) (see instructions -- attach statement)						5	
	6	Total income (loss). Add lines 3 through 5						6	35,455
	7	Compensation of officers						7	
	8	Salaries and wages (less employment credits)						8	
	9	Repairs and maintenance						9	
	10	Bad debts						10	
	11	Rents						11	
	12	Taxes and licenses						12	
	13	Interest						13	
	14	Depreciation not claimed on Schedule A or elsewhere on return (attach Form 4562)						14	2,880
	15	Depletion (Do not deduct oil and gas depletion.)						15	
	16	Advertising						16	
	17	Pension, profit-sharing, etc., plans						17	
	18	Employee benefit programs						18	
	19	Other deductions (attach statement)						19	18,740 #1
	20	Total deductions. Add lines 7 through 19						20	21,620
	21	Ordinary business income (loss). Subtract line 20 from line 6						21	13,835
TAX AND PAYMENTS	22a	Excess net passive income or LIFO recapture tax (see instructions)	22a						
	b	Tax from Schedule D (Form 1120S)	22b						
	c	Add lines 22a and 22b (see instructions for additional taxes)					22c	0	
	23a	2006 est. tax payments and 2005 overpayment credited to 2006	23a						
	b	Tax deposited with Form 7004	23b						
	c	Credit for federal tax paid on fuels (attach Form 4136)	23c						
	d	Credit for federal telephone excise tax paid (attach Form 8913)	23d						
	e	Add lines 23a through 23d					23e	0	
	24	Estimated tax penalty (see instructions). Check if Form 2220 is attached					24		
	25	Amount owed. If line 23e is smaller than the total of lines 22c and 24, enter amount owed					25	0	
26	Overpayment. If line 23e is larger than the total of lines 22c and 24, enter amount overpaid					26			
27	Enter amount from line 26 Credited to 2007 estimated tax	0	Refunded			27	0		

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

PRESIDENT

Date

May the IRS discuss this return with the preparer shown below (see inst.)? ☐ Yes ☒ No

Preparer's signature

Check if self-employed ☐

Preparer's SSN or PTIN

P00386261

Paid

Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP code

SV ACCOUNTING AND TAX SERVICE

911 N Main St, Ste 9B

Kissimmee FL 34744

EIN 20-3866216

Phone no.

407-870-2672

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 1120S (2006)

ATTACHMENT

40062730

Form 1120S (2006)

Page 3

Shareholders' Pro Rata Share Items (continued)		Total amount
Deductions	11 Section 179 deduction (attach Form 4562) . . . . .	11
	12a Contributions . . . . .	12a
	b Investment interest expense . . . . .	12b
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)
	d Other deductions (see instructions) . . . . . Type ▶	12d
Credits	13a Low-income housing credit (section 42(j)(5)) . . . . .	13a
	b Low-income housing credit (other) . . . . .	13b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468) . . . . .	13c
	d Other rental real estate credits (see instructions) Type ▶	13d
	e Other rental credits (see instructions) . . . . . Type ▶	13e
	f Credit for alcohol used as fuel (attach Form 6478) . . . . .	13f
	g Other credits (see instructions) . . . . . Type ▶	13g
Foreign Transactions	14a Name of country or U.S. possession ▶	
	b Gross income from all sources . . . . .	14b
	c Gross income sourced at shareholder level . . . . .	14c
	Foreign gross income sourced at corporate level . . . . .	
	d Passive . . . . .	14d
	e Listed categories (attach statement) . . . . .	14e
	f General limitation . . . . .	14f
	Deductions allocated and apportioned at shareholder level . . . . .	
	g Interest expense . . . . .	14g
	h Other . . . . .	14h
	Deductions allocated and apportioned at corporate level to foreign source income . . . . .	
	i Passive . . . . .	14i
	j Listed categories (attach statement) . . . . .	14j
	k General limitation . . . . .	14k
Other information . . . . .		
	l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued . . . . .	14l
	m Reduction in taxes available for credit (attach statement) . . . . .	14m
	n Other foreign tax information (attach statement) . . . . .	
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment . . . . .	15a
	b Adjusted gain or loss . . . . .	15b
	c Depletion (other than oil and gas) . . . . .	15c
	d Oil, gas, and geothermal properties--gross income . . . . .	15d
	e Oil, gas, and geothermal properties--deductions . . . . .	15e
	f Other AMT items (attach statement) . . . . .	15f
Items Affecting Shareholder Basis	16a Tax-exempt interest income . . . . .	16a
	b Other tax-exempt income . . . . .	16b
	c Nondeductible expenses . . . . .	16c
	d Property distributions . . . . .	16d
	e Repayment of loans from shareholders . . . . .	16e
Other Information	17a Investment income . . . . .	17a
	b Investment expenses . . . . .	17b
	c Dividend distributions paid from accumulated earnings and profits . . . . .	17c
	d Other items and amounts (attach statement) . . . . .	
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l . . . . .	18

# ATTACHMENT

PROPER POOL CLEANING SERVI 20-0560938

40062730

Form 1120S (2006)

Page **2**

## Schedule A Cost of Goods Sold (see instructions)

1	Inventory at beginning of year .....	1	
2	Purchases .....	2	
3	Cost of labor .....	3	
4	Additional section 263A costs (attach statement) .....	4	
5	Other costs (attach statement) .....	5	42,500 #2
6	<b>Total.</b> Add lines 1 through 5 .....	6	42,500
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and on page 1, line 2. ....	8	42,500

9a Check all methods used for valuing closing inventory: (i) ☒ Cost as described in Regulations section 1.471-3  
(ii) ☐ Lower of cost or market as described in Regulations section 1.471-4  
(iii) ☐ Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c) ..... ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ..... ▶ ☐

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO ..... **9d** ☐

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? ..... ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? ..... ☐ Yes ☒ No  
If "Yes," attach explanation.

## Schedule B Other Information (see instructions)

	Yes	No
1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶		
2 See the instructions and enter the: a Business activity ▶ <b>POOLS CLEANING</b> b Product or service ▶ <b>MAINTENANCE</b>		
3 At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a statement showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) if 100% owned, was a QSub election made? .....		X
4 Was the corporation a member of a controlled group subject to the provisions of section 1561? .....		X
5 Has this corporation filed, or is it required to file, a return under section 6111 to provide information on any reportable transaction? .....		X
6 Check this box if the corporation issued publicly offered debt instruments with original issue discount ..... ▶ <input type="checkbox"/> If checked, the corp. may have to file <b>Form 8281</b> , Information Return for Publicly Offered Original Issue Discount Instruments.		
7 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to its basis (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain (defined in section 1374(d)(1)) in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years ..... ▶ \$		
8 Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$		
9 Are the corporation's total receipts (see instructions) for the tax year and its total assets at the end of the tax year less than \$250,000? If "Yes," the corporation is not required to complete Schedules L and M-1. ....	X	

**Note:** If the corporation, at any time during the tax year, had assets or operated a business in a foreign country or U.S. possession, it may be required to attach **Schedule N (Form 1120)**, Foreign Operations of U.S. Corporations, to this return. See Schedule N for details.

## Schedule K Shareholders' Pro Rata Share Items

			Total amount
I N C O M E       L O S S	1 Ordinary business income (loss) (page 1, line 21) .....	1	13,835
	2 Net rental real estate income (loss) (attach Form 8825) .....	2	
	3a Other gross rental income (loss) ..... <b>3a</b>		
	b Expenses from other rental activities (attach statement) ..... <b>3b</b>		
	c Other net rental income (loss). Subtract line 3b from line 3a .....	<b>3c</b>	
	4 Interest income .....	4	
	5 Dividends: a Ordinary dividends ..... <b>5a</b> b Qualified dividends ..... <b>5b</b>		
	6 Royalties .....	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S)) .....	7	
	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S)) .....	8a	
b Collectibles (28%) gain (loss) ..... <b>8b</b>			
c Unrecaptured section 1250 gain (attach statement) ..... <b>8c</b>			
9 Net section 1231 gain (loss) (attach Form 4797) .....	9		
10 Other income (loss) (see instructions) ..... Type ▶	10		

# ATTACHMENT

PROPER POOL CLEANING SERVI 20-0560938

40062730

Form 1120S (2006)

Page 4

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash .....				
2a	Trade notes and accounts receivable .....				
b	Less allowance for bad debts .....	( )		( )	
3	Inventories .....				
4	U.S. government obligations .....				
5	Tax-exempt securities (see instructions) .....				
6	Other current assets (attach statement) .....				
7	Loans to shareholders .....				
8	Mortgage and real estate loans .....				
9	Other investments (attach statement) .....				
10a	Buildings and other depreciable assets .....				
b	Less accumulated depreciation .....	( )		( )	
11a	Depletable assets .....				
b	Less accumulated depletion .....	( )		( )	
12	Land (net of any amortization) .....				
13a	Intangible assets (amortizable only) .....				
b	Less accumulated amortization .....	( )		( )	
14	Other assets (attach statement) .....				
15	Total assets .....				
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable .....				
17	Mortgages, notes, bonds payable in less than 1 yr .....				
18	Other current liabilities (attach statement) .....				
19	Loans from shareholders .....				
20	Mortgages, notes, bonds payable in 1 year or more .....				
21	Other liabilities (attach statement) .....				
22	Capital stock .....				
23	Additional paid-in capital .....				
24	Retained earnings .....				
25	Adjustments to shareholders' equity (attach stmt.) .....				
26	Less cost of treasury stock .....		( )		( )
27	Total liabilities and shareholders' equity .....				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return			
Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more -- see instructions			
<div>1 Net income (loss) per books .....</div> <div>2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):</div> <div>3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14i (itemize):</div> <div style="margin-left: 20px;">a Depreciation \$ .....</div> <div style="margin-left: 20px;">b Travel and entertainment \$ .....</div> <div>4 Add lines 1 through 3 .....</div>	<div>5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):</div> <div style="margin-left: 20px;">a Tax-exempt interest \$ .....</div> <div>6 Deductions included on Schedule K, lines 1 through 12 and 14i, not charged against book income this year (itemize):</div> <div style="margin-left: 20px;">a Depreciation \$ .....</div> <div>7 Add lines 5 and 6 .....</div> <div>8 Income (loss) (Schedule K, line 18). Line 4 less line 7</div>		

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)			
	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year .....	16,883		
2 Ordinary income from page 1, line 21 .....	13,835		
3 Other additions .....			
4 Loss from page 1, line 21 .....	( )		
5 Other reductions .....	( )	( )	
6 Combine lines 1 through 5 .....	30,718		
7 Distributions other than dividend distributions .....	0		
8 Balance at end of tax year. Subtract line 7 from line 6 .....	30,718		