## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000015223

1. Entity Name TLC CARPETS, INC.



Principal Place of Business

5702 BRIDLE PATH LANE TAMPA, FL 33634 Mailing Address

TOMAS LOPERENA PO BOX 260085 TAMPA, FL 33685

## FILED May 23, 2008 8:00 am Secretary of State

05-23-2008 90018 045 \*\*\*158.75

40104540



DO NOT WRITE IN THIS SPACE

04132008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

5. Certificate of Status Desired

54-2140523

\$8.75 Additional

Not Applicable

6. Name and Address of Current Registered Agent

LOPERENA, TOMAS 7507 EXTER WAY TAMPA, FL 33615

**SIGNATURE** 

## DO NOT WRITE IN THIS SPACE

Signature, typed or printed name of registered agent and title if app	e (NOTE. Registered Agent alignature required w	then reinstating) DATE
FiLE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		00 May Be d to Fees
10. OFFICERS AND DIRECTO		
TITLE D NAME LOPERENA, TOMAS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33615		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

ATTACHMENT # P040001522 7: Employer's Annual Federal Unemployment (FUTA) Tax Return Department of the Treasury - Internal Revenue Service OMB No. 1545-0028 IC 04-3683636 Type of Return 18982 (Check all that apply.) a. Amended DEC2007 **P52** TLC CARPET CLEANING INC b. Successor employer PO BOX 260085 c. No payments to employees TAMPA FL 33685-0085 in 2007 d. Final: Business closed or stopped paying wages Read the separate instructions before you fill out this form. Please type or print within the boxes. Part 1: Tell us about your return. If any line does NOT apply, leave it blank. 1 If you were required to pay your state unemployment tax in ... 1a One state only, write the state abbreviation . - OR -1b Check here. Fill out Schedule A. Check here. Fill out Schedule A (Form 940), Part 2. Part 2: Determine your FUTA tax before adjustments for 2007. If any line does NOT apply, leave it blank. Total payments to all employees Payments exempt from FUTA tax 4c Retirement/Pension 4e Other Check all that apply: 4a L Fringe benefits 4b Group term life insurance 4d Dependent care Total of payments made to each employee in excess of Subtotal (line 4 + line 5 = line 6). Total taxable FUTA wages (line 3 - line 6 = line 7) . FUTA tax before adjustments (line  $7 \times .008 = line 8$ ) Part 3: Determine your adjustments. If any line does NOT apply, leave it blank. If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by .054 (line  $7 \times .054 = line 9$ ). Then go to line 12 . . . . . . . . . . . If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), fill out the worksheet in the instructions. Enter the amount from line 7 of the worksheet onto line 10 . . . 10 Skip line 11 for 2007 and go to line 12. If credit reduction applies, enter the amount from line 3 of Schedule A (Form 940) Part 4: Determine your FUTA tax and balance due or overpayment for 2007. If any line does NOT apply, leave it blank. Total FUTA tax after adjustments (lines 8 + 9 + 10 = line 12)

Next →

13 FUTA tax deposited for the year, including any payment applied from a prior year . . . . . 13

If line 14 is \$500 or less and you pay by check, make your check payable to the United States Treasury and write your EIN, Form 940, and 2007 on the check . . . . . . . . . . . . . . . .
 Overpayment (If line 13 is more than line 12, enter the difference on line 15 and check a box

Balance due (If line 12 is more than line 13, enter the difference on line 14.)

If line 14 is more than \$500, you must deposit your tax.

➤ You MUST fill out both pages of this form and SIGN it.

Check one L

Apply to next return.

Send a refund.