


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90031 038 ***150.00

DOCUMENT # P04000113376 1. Entity Name PRECIOUS CARGO HAULERS, INC.					
Principal Place of Business PO BOX 1253 PLYMOUTH, FL 32768			Mailing Address 269 FIELDS PARK RD MORGANTOWN, WV 26508		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 80-0117093 Applied For <input type="checkbox"/> Not Applicable	
City & State Zip		City & State Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUBBELL, HAROLD 7642 COMPASS DR ORLANDO, FL 32810				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HUBBELL, HAROLD 7642 COMPASS DR ORLANDO, FL 32810 <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	V CAMPBELL, SUSAN M 7642 COMPASS DR ORLANDO, FL 32810 <input checked="" 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.					
SIGNATURE: <u>Harold Hubbell</u> <u>Harold Hubbell</u> <u>3/10/06</u> <u>3041854224</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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1120

U.S. Corporation Income Tax Return

OMB No. 1545-0123

2005

Form
Department of the Treasury
Internal Revenue Service

For calendar year 2005 or tax year beginning 2005, ending 20.....
▶ See separate instructions.

A Check if: 1 Consolidated return (attach Form 851) <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 required (attach Sch. M-3) <input type="checkbox"/>		Use IRS label. Otherwise, print or type. Name PRECIOUS CARGO HAULERS, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 960 DRYDEN ROAD City or town, state, and ZIP code ITHACA NY 14850	B Employer identification number 80:0117093 C Date incorporated 08/02/2004 D Total assets (see instructions) \$
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E Check if: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change

Income	1a	Gross receipts or sales	95643	b Less returns and allowances		c Bal ▶	1c	95643
	2	Cost of goods sold (Schedule A, line 8)					2	0
	3	Gross profit. Subtract line 2 from line 1c					3	95643
	4	Dividends (Schedule C, line 19)					4	0
	5	Interest					5	0
	6	Gross rents					6	0
	7	Gross royalties					7	0
	8	Capital gain net income (attach Schedule D (Form 1120))					8	0
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)					9	0
	10	Other income (see instructions—attach schedule)					10	0
	11	Total income. Add lines 3 through 10					11	95643
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (Schedule E, line 4)					12	0
	13	Salaries and wages (less employment credits)					13	0
	14	Repairs and maintenance					14	24635
	15	Bad debts					15	0
	16	Rents					16	0
	17	Taxes and licenses					17	1723
	18	Interest					18	0
	19	Charitable contributions (see instructions for 10% limitation)					19	0
	20a	Depreciation (attach Form 4562)		20a			20c	0
	b	Less depreciation claimed on Schedule A and elsewhere on return		20b				
	21	Depletion					21	0
	22	Advertising					22	0
	23	Pension, profit-sharing, etc., plans					23	0
	24	Employee benefit programs					24	0
	25	Domestic production activities deduction (attach Form 8903)					25	0
	26	Other deductions (attach schedule)					26	69686
	27	Total deductions. Add lines 12 through 26					27	96044
28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11					28	(401)	
29	Less: a Net operating loss deduction (see instructions)		29a					
b	Special deductions (Schedule C, line 20)		29b			29c	0	
Tax and Payments	30	Taxable income. Subtract line 29c from line 28 (see instructions if Schedule C, line 12, was completed)					30	(401)
	31	Total tax (Schedule J, line 11)					31	
	32	Payments: a 2004 overpayment credited to 2005	32a					
	b	2005 estimated tax payments	32b					
	c	Less 2005 refund applied for on Form 4466	32c					
	d	Less 2005 refund applied for on Form 4466	32d					
	e	Tax deposited with Form 7004	32e					
	f	Credits: (1) Form 2439 (2) Form 4136	32f				32g	
	33	Estimated tax penalty (see instructions). Check if Form 2220 is attached					33	
	34	Tax due. If line 32g is smaller than the total of lines 31 and 33, enter amount owed					34	
35	Overpayment. If line 32g is larger than the total of lines 31 and 33, enter amount overpaid					35		
36	Enter amount of line 35 you want: Credited to 2006 estimated tax ▶ Refunded ▶					36		

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 _____ Date _____ Title _____
 May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer's Use Only	Preparer's signature	<i>Karen Wolfe</i>	Date	3/9/06	Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	T&T, Inc. 269 Fields Park Rd, Morgantown, WV 26508	EDN	35:2211788	Phone no.	(304) 685-4224	

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Form 1120 (2005)

Page 2

Schedule A Cost of Goods Sold (see instructions)

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

9a Check all methods used for valuing closing inventory:

(i) ☐ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods ☐

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 0d

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? If "Yes," attach explanation ☐ Yes ☐ No

Schedule C Dividends and Special Deductions (see instructions)

	(a) Dividends received	(b) %	(c) Special deductions (a) × (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	N/A
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3 Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8 Dividends from wholly owned foreign subsidiaries		100	
9 Total. Add lines 1 through 8. See instructions for limitation			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from affiliated group members and certain FSCs		100	
12 Dividends from controlled foreign corporations (attach Form 8895)		85	
13 Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14 Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15 Foreign dividend gross-up			
16 IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17 Other dividends			
18 Deduction for dividends paid on certain preferred stock of public utilities			
19 Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4			
20 Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b			

Schedule E Compensation of Officers (see instructions for page 1, line 12)

Note: Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1) are \$500,000 or more.

(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
1		%	%	%	N/A
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
2 Total compensation of officers					
3 Compensation of officers claimed on Schedule A and elsewhere on return					
4 Subtract line 3 from line 2. Enter the result here and on page 1, line 12					

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Form 1120 (2005)

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Schedule J Tax Computation (see instructions)

1	Check if the corporation is a member of a controlled group	<input type="checkbox"/>		
Important: Members of a controlled group, see instructions.				
2a	If the box on line 1 is checked, enter the corporation's share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
	(1) \$	(2) \$	(3) \$	
b	Enter the corporation's share of:			
	(1) Additional 5% tax (not more than \$11,750)	\$		
	(2) Additional 3% tax (not more than \$100,000)	\$		
3	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	3	N/A
4	Alternative minimum tax (attach Form 4626)		4	
5	Add lines 3 and 4		5	
6a	Foreign tax credit (attach Form 1118)		6a	
b	Possessions tax credit (attach Form 5735)		6b	
c	Credits from: <input type="checkbox"/> Form 8834 <input type="checkbox"/> Form 8907, line 23		6c	
d	General business credit. Check box(es) and indicate which forms are attached:		6d	
	<input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) ▶		6e	
e	Credit for prior year minimum tax (attach Form 8827)		6f	
f	Bond credits from: <input type="checkbox"/> Form 8860 <input type="checkbox"/> Form 8912			
7	Total credits. Add lines 6a through 6f		7	
8	Subtract line 7 from line 5		8	
9	Personal holding company tax (attach Schedule PH (Form 1120))		9	
10	Other taxes. Check if from:			
	<input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8811 <input type="checkbox"/> Form 8697			
	<input type="checkbox"/> Form 8866 <input type="checkbox"/> Form 8902 <input type="checkbox"/> Other (attach schedule)		10	
11	Total tax. Add lines 8 through 10. Enter here and on page 1, line 31		11	

Schedule K Other Information (see instructions)

1	Check accounting method: a <input checked="" type="checkbox"/> Cash	Yes	No	7	At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of stock of the corporation entitled to vote or (b) the total value of all classes of stock of the corporation?	Yes	No
b	<input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶				If "Yes," enter: (a) Percentage owned ▶		
2	See the instructions and enter the:				and (b) Owner's country ▶		
a	Business activity code no. ▶ 484120				c The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter number of Forms 5472 attached ▶		
b	Business activity ▶ Transport Freight				8	Check this box if the corporation issued publicly offered debt instruments with original issue discount	
c	Product or service ▶ Transport Freight					If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.	
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).)		✓		9	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$	
	If "Yes," attach a schedule showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) taxable income or (loss) before NOL and special deductions of such corporation for the tax year ending with or within your tax year.				10	Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶	
4	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		✓		11	If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here ▶ <input type="checkbox"/>	
	If "Yes," enter name and EIN of the parent corporation ▶					If the corporation is filing a consolidated return, the statement required by Temporary Regulations section 1.1502-21T(b)(3) must be attached or the election will not be valid.	
5	At the end of the tax year, did any individual, partnership, corporation, estate, or trust own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).)		✓		12	Enter the available NOL carryover from prior tax years (Do not reduce it by any deduction on line 29a.) ▶ \$	
	If "Yes," attach a schedule showing name and identifying number. (Do not include any information already entered in 4 above.) Enter percentage owned ▶				13	Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000?	✓
6	During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)		✓			If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2 on page 4. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year. ▶ \$	
	If "Yes," file Form 5452, Corporate Report of Nondividend Distributions.						
	If this is a consolidated return, answer here for the parent corporation and on Form 851, Affiliations Schedule, for each subsidiary.						

Notes: 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.

Form 1120 (2005)

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Form 1120 (2005)

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Note: The corporation is not required to complete Schedules L, M-1, and M-2 if Question 13 on Schedule K is answered "Yes."

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 schedule)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach schedule)				
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 schedule)				
15	Total assets				
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach schedule)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach schedule)				
22	Capital stock: a Preferred stock				
	b Common stock				
23	Additional paid-in capital				
24	Retained earnings—Appropriated (attach schedule)				
25	Retained earnings—Unappropriated				
26	Adjustments to shareholders' equity (attach schedule)				
27	Less cost of treasury stock	()	()	()	()
28	Total liabilities and shareholders' equity				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return (see instructions)			
1	Net income (loss) per books		7 Income recorded on books this year not included on this return (itemize):
2	Federal income tax per books		Tax-exempt interest \$
3	Excess of capital losses over capital gains		
4	Income subject to tax not recorded on books this year (itemize):		
5	Expenses recorded on books this year not deducted on this return (itemize):		8 Deductions on this return not charged against book income this year (itemize):
a	Depreciation \$		a Depreciation \$
b	Charitable contributions \$		b Charitable contributions \$
c	Travel and entertainment \$		
6	Add lines 1 through 5		9 Add lines 7 and 8
			10 Income (page 1, line 28)—line 6 less line 9

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)			
1	Balance at beginning of year		5 Distributions: a Cash
2	Net income (loss) per books		b Stock
3	Other increases (itemize):		c Property
			6 Other decreases (itemize):
			7 Add lines 5 and 6
4	Add lines 1, 2, and 3		8 Balance at end of year (line 4 less line 7)

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LINE 26 - OTHER DEDUCTIONS

FUEL	41,871
EQUIPMENT	4,456
PHONE	6,368
INSURANCE	2,456
TRUCK SUPPLIES	2,702
BANK FEES	1,553
OFFICE SUPPLIES	1,510
TRUCK WASH	863
INTERNET	1,064
ACCOUNTING	800
MAIL	590
MEALS/ENT. @50%	5,453

TOTAL	69,686
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