2007 FOR PROFIT CORPORATION ANNUAL REPORT • • • DOCUMENT # P05000047452 1. Entity Name CAPTAIN'S CORNER CORP.							Ja	FILED Jan 11, 2007 8:00 am Secretary of State				
							01-11-2007 90053 050 ***150.00					
Principal Place of Business 125 ANN STREET KEY WEST, FL 33040			1	Mailing Address 125 ANN STREET KEY WEST, FL 33040			400	40001525				
2. Principal P	lace of Busin	ess - No P.O. Box #	3.	Mailing Address		<u> </u>						
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01042007	Chg-P	CR2E03	14 (12/06)		
City & State				City & State			4. FEI Numb	er 56 - 256 D FOR	4329		plied For	
Zip		Country		Zip	Cour	itry		e of Status Desired	۳ ۲	8.75 Add ee Required	litional d	
	6. Name	and Address of Curi	rent Regis	tered Agent		Name	7. Name and	d Address of New F	Registered A	gent		
625 NORT	ER & POL H FLAGLE	i ESQ. Iakoff, p.a. Er, 7th floor 1, fl 33401					ss (P.O. Box Numb	per is Not Acceptabl	e)			
						City			FL	Zip Code	9	
	E NOWIII	FEE IS \$150.00	-	it applicable. (NO 9. Election Camp. Trust Fund Cor	aign Finai		5.00 May Be ded to Fees		DATE			
10.		OFFICERS /	AND DIRE	CTORS	11.	·····	ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTOR	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	125 ANN \$	up, William R Street T, Fl 33040		Delete						Change	Addition	
TITLE NAME Street address City - St - Zip	D LEVIS, LE 125 ANN 3	SLIE M		Delete		1				Change	Addition	
TITLE NAME STREET ADDRESS CHTY-ST-ZIP				Delete			- <u>,, ,</u> .			Change	Addition	
TITLE Name Street address City-St-Zip				Delete			<u></u>			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete						Change	Addition Addition	
TITLE Name Street address City-st-zip				Delete						Change	Addition	
12. I hereby of indicated of the cor changed.	f on this repor rporation or th , or on an atta	e information supplied t or supplemental rep ne receiver of trusted achmentation and trusted BIGNATURE AND TYPE	ort is true empowere s, with	d to execute this result I other like empowers	for the ex as real Co Ex	turo.chall havo t	ha cama lanal affa	9. Florida Statutes. ct as if made under les; and that my name //4/07	oath; that I a ne appears in	m an officer	or director	

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ATTACHMENT 40001525 P0500047452

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Your application for an EIN indicates that you intend to elect to file your return as an 1120-S. An election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.

The Internal Revenue Service has also identified several mistakes commonly made S corporations and their shareholders. Please review them and call us at 1-800-829-104 if you have any questions.

- * Losses in Excess of Basis Pursuant to Internal Revenue Code (IRC) section 1366, a shareholder in an S corporation may not deduct S corporation losses in excess of their basis in stock and/or debt. Each shareholder's stock basis and debt (loans from shareholders) basis should be computed annually.
- * Taxable Distributions Pursuant to IRC section 1368, distribution to shareholders in excess of stock basis are generally taxable.
- * Gain on Repayment of Loans from Shareholders where the shareholder previously used debt basis to absorb S corporation losses, subsequent repayments on the loans are generally taxable.
- * Compensation to Shareholder If the shareholders performing services for the S corporation, be careful not to improperly classify the compensation as payments other than salary (examples: excessive rent, or distributions) in order to avoid employment taxes.
- Fringe Benefits Certain fringe benefits paid on behalf of a shareholder who owns more than 2% of the stock (or shareholder's family) are taxable. Examples include certain accident, health, and life insurance premiums, meals and lodging, and certain cafeteria plan benefits.
- Accrual of Expenses Due to Shareholders Pursuant to IRC section 267, an accrual basis corporation may not accrue and deduct expenses (such as rent) due to a cash basis shareholder until the amount is includible in the income of the shareholder (when paid).
 Keep this part for your records.

Return this part with any correspondence so we may identify your account. Please CP 575 A correct any errors in your name or address.

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Your	Telephone	Number	Best Ti	ime to	Call	DATE C	F THIS	NOTICE:	03-16-2006	
() -			× .		EMPLOY	ER IDE	NTIFICATIO	DN NUMBER:	56-2564329
		-				FORM:	SS-4		NOBOD	

INTERNAL REVENUE SERVICE P.O. BOX 9003 HOLTSVILLE NY 11742-9003 h.M.M.M.M.J.J.J.J.M.M.M.M.J.J.J.

CAPTAINS CORNER CORP 125 ANN ST Key West FL 33040