2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State
03-22-2007 90002 024 ***150.00

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1. Entity Name
KYLE'S FINISH CARPENTRY, INC.

Principal Place of Business	Mailing Address
44 SONDERHEN DRIVE NAPLES, FL 34114 US	44 SONDERHEN DRIVE NAPLES, FL 34114 US

01192007 Chg-P CR2E034 (12/06)

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

4. FEI Number 20-3147179 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HEATON, PAUL E
44 SONDERHEN DRIVE
NAPLES, FL 34114

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	HEATON, PAUL E	
STREET ADDRESS	44 SONDERHEN DRIVE	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 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: [signature] 3-19-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 400394453 #P05000098732

Form **1120S**

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

► **Do not file this form unless the corporation has filed Form 2553 to elect to be an S corporation.**
► **See separate instructions.**

OMB No. 1545-0130

2006

For calendar year 2006 or tax year beginning , 2006, ending

A Effective date of S election: 7/13/2005	**Use the IRS label. Otherwise, print or type.** KYLES FINISH CARPENTRY INC. 8770 WADSWORTH ROAD WINDHAM, OH 44288-9750	**C** Employer identification number: 20-3147179
B Business activity code number (see instructions): 238300		**D** Date incorporated: 7/13/2005
		E Total assets (see instructions): $ 2,100.

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.*

INCOME	1a	Gross receipts or sales 22,844.	b Less returns and allowances	c Bal ►	1c 22,844.
	2	Cost of goods sold (Schedule A, line 8)			2 1,317.
	3	Gross profit. Subtract line 2 from line 1c			3 21,527.
	4	Net gain (loss) from Form 4797, Part II, line 17 *(attach Form 4797)*			4
	5	Other income (loss) *(attach statement)*			5
	6	**Total income (loss).** Add lines 3 through 5			► 6 21,527.
DEDUCTIONS (SEE INSTRS)	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 4,200.
	12	Taxes and licenses			12 45.
	13	Interest			13
	14	Depreciation not claimed on Schedule A or elsewhere on return *(attach Form 4562)*			14 420.
	15	Depletion **(Do not deduct oil and gas depletion.)**			15
	16	Advertising			16 108.
	17	Pension, profit-sharing, etc, plans			17
	18	Employee benefit programs			18
	19	Other deductions *(attach statement)* See Statement 1			19 6,757.
	20	**Total deductions.** Add lines 7 through 19			► 20 11,530.
	21	**Ordinary business income (loss).** Subtract line 20 from line 6			21 9,997.
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
	23a	2006 estimated 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	21.	
	e	Add lines 23a through 23d			23e 21.
	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 21.
	27	Enter amount from line 26 **Credited to 2007 estimated tax**		**Refunded**	27 21.

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 | ► President Title

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

Paid Preparer's Use Only

Preparer's signature ► David Godenswager II	Date	Check if self-employed ☒	Preparer's SSN or PTIN 289-84-4985
Firm's name (or yours if self-employed), address, and ZIP code ► FTC Services 100 East Decker Drive Seven Hills, OH 44131			EIN Phone no. (216) 642-0337