
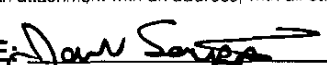


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90338 039 ***150.00

DOCUMENT # P05000114681 1. Entity Name J & J PLYWOOD, INC.					
Principal Place of Business 3260 SIESTA DRIVE VENICE, FL 34293			Mailing Address 3260 SIESTA DRIVE VENICE, FL 34293		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="display: flex; justify-content: space-between;"> 04152006 Chg-P CR2E034 (11/05) <div style="border: 1px solid black; padding: 2px;"> 4. FEI Number 20-3326104 </div> <div style="border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div> </div>					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent STEPIE, JOHN A 3260 SIESTA DRIVE VENICE, FL 34293			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3114 Wyola Avenue City North Port FL 34286		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <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	D,P STEPIE, JOHN A 3260 SIESTA DRIVE VENICE, FL 34293 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3114 Wyola Avenue North Port, FL 34286 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP ROBERTS, JASON W 8819 AGGRESS AVENUE NORTH PORT, FL 34287 <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	
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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 			Date 4-26-06 Daytime Phone # _____		

40072636

Department of the Treasury
Internal Revenue Service

PO500011468

OMB No. 1545-0028

WS 20-3326104

See the separate Instructions for Form 940 for information on completing this form.

2005

**If incorrect,
make any
necessary
changes.**

290602535*****AUT0**5-DIGIT 34293
DEC2005 S29
J 8 J PLYWOOD INC
3260 SIESTA DR
VENICE FL 34293-4817

B
2795
39/63/2795/1

T	
FF	
FD	
FP	
I	
T	



COPY

- A** Are you required to pay unemployment contributions to only one state? (If "No," skip questions B and C.) ☐ Yes ☐ No
- B** Did you pay all state unemployment contributions by January 31, 2006? ((1) If you deposited your total FUTA tax when due, check "Yes" if you paid all state unemployment contributions by February 10, 2006. (2) If a 0% experience rate is granted, check "Yes." (3) If "No," skip question C.) ☐ Yes ☐ No
- C** Were all wages that were taxable for FUTA tax also taxable for your state's unemployment tax? ☐ Yes ☐ No
- D** Did you pay any wages in New York? ☐ Yes ☐ No

If you answered "No" to questions A, B, or C, or "Yes" to question D, you must file Form 940. If you answered "Yes" to questions A-C and "No" to question D you may file Form 940-EZ, which is a simplified version of Form 940. (Successor employers, see **Special credit for successor employers** in the separate instructions.) You can get Form 940-EZ by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS website at **www.irs.gov**.

If you will not have to file returns in the future, check here (see Who Must File in the separate instructions) and complete and sign the return

If this is an Amended Return, check here (see Amended Returns in the separate instructions)

Part I Computation of Taxable Wages

- | | | | | | | |
|---|--|--|--|---|--|--|
| 1 | Total payments (including payments shown on lines 2 and 3) during the calendar year for services of employees | | | 1 | | |
| 2 | Exempt payments. (Explain all exempt payments, attaching additional sheets if necessary.) ▶ | | | 2 | | |
| 3 | Payments of more than \$7,000 for services. Enter only amounts over the first \$7,000 paid to each employee (see separate instructions). Do not include any exempt payments from line 2. The \$7,000 amount is the federal wage base. Your state wage base may be different. Do not use your state wage limitation | | | 3 | | |
| 4 | Add lines 2 and 3 | | | 4 | | |
| 5 | Total taxable wages (subtract line 4 from line 1) ▶ | | | 5 | | |
| 6 | Credit reduction for unrepaid advances to the states listed. Enter the wages included on line 5 above for each state and multiply by the rate shown. (See separate Instructions for Form 940.) (a) NY _____ x .006 = _____ | | | | | |
| 7 | Add credit reduction amounts from lines 6(a) through 6(c) and enter the total here and in Part II, line 5. ▶ | | | 7 | | |

Be sure to complete both sides of this form, and sign in the space provided on the back.

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

▼ DETACH HERE ▼

Cat. No. 112340

Form 940 '2005



Department of the Treasury
Internal Revenue Service

OMB No. 1545-0028

2005

Form 940-V, Payment Voucher

- ▶ Use this voucher when making a payment with Form 940.
- ▶ Do not staple this voucher or your payment to Form 940.
- ▶ Make your check or money order payable to the "United States Treasury."
- ▶ Write your employer identification number (EIN) on your check or money order.

20-3326104

J & J PLYWOOD INC
3260 SIESTA DR
VENICE FL 34293-4817

**Enter the amount
of your payment**

Dollars

Cents

INTERNAL REVENUE SERVICE
P.O. BOX 660095
DALLAS TX 75266-0095

203326104 WS J&JP 10 2 200512 610

40072636


PO5000 14681

Page 2

Employer identification number (EIN)

1	Gross FUTA tax. (Multiply the wages from Part I, line 5, by .062)	1	
2	Maximum credit. (Multiply the wages from Part I, line 5, by .054)	2	
3	Computation of tentative credit (Note: All taxpayers must complete the applicable columns.)		

(a) Name of state	(b) State reporting number(s) as shown on employer's state contribution returns	(c) Taxable payroll (as defined in state act)	(d) State experience rate period		(e) State ex- perience rate	(f) Contributions if rate had been 5.4% (col. (c) x .054)	(g) Contributions payable at experience rate (col. (c) x col. (e))	(h) Additional credit (col. (f) minus col.(g)) If 0 or less, enter -0-	(i) Contributions paid to state by 940 due date
			From	To					
3a	Totals								

3b	Total tentative credit (add line 3a, columns (h) and (i) only—for late payments, also see the instructions for Part II, line 4) ▶	3b	
4	Credit: Enter the smaller of the amount from Part II, line 2 or line 3b; or the amount from the worksheet on page 7 of the separate instructions	4	
5	Enter the amount from Part I, line 7	5	
6	Credit allowable (subtract line 5 from line 4). If zero or less, enter “-0-”	6	
7	Total FUTA tax (subtract line 6 from line 1). If the result is over \$500, also complete Part III	7	
8	Total FUTA tax deposited for the year, including any overpayment applied from a prior year	8	
9	Balance due (subtract line 8 from line 7). Pay to the “United States Treasury.” If you owe more than \$500, see Depositing FUTA Tax on page 3 of the separate instructions ▶	9	
10	Overpayment (subtract line 7 from line 8). Check if it is to be: <input type="checkbox"/> Applied to next return or <input type="checkbox"/> Refunded ▶	10	

Part III **Record of Quarterly Federal Unemployment Tax Liability** (Do not include state liability.) **Complete only if line 7 is over \$500.** See page 7 of the separate instructions.

Quarter	First (Jan. 1–Mar. 31)	Second (Apr. 1–June 30)	Third (July 1–Sept. 30)	Fourth (Oct. 1–Dec. 31)	Total for year
Liability for quarter					

Third-Party Designee

Do you want to allow another person to discuss this return with the IRS (see separate instructions)? ☐ Yes. Complete the following. ☐ No

Designee's
name _____

Phone no. ()

Personal identification
number (PIN)

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, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Signature ▶ John Supple

Title (Owner, etc.) ▶ President

Date ▶ 4/15/06



Printed on recycled paper

Form 940 (2005)

U.S. GOVERNMENT PRINTING OFFICE: 2005-309-029