

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90056 002 \*\*\*150.00

40040000



03222007 Chg-P CR2E034 (12/06)

4. FEI Number **20-5218131** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**SMALLEY & SMALLEY, P.L.**  
**1517 E. HILLCREST STREET**  
**ORLANDO, FL 32803**

## 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ANSESON, LANCE</b> <b>8127 JOZEE CIRCLE</b> <b>ORLANDO, FL 32836</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/07**  
Date

**407 929-0542**  
Daytime Phone #



Florida Corporate Income Franchise and Emergency Excise Tax Return

F-1120, R. 01/07  
INTU

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

40048099

872102006123100020050370320521813100004

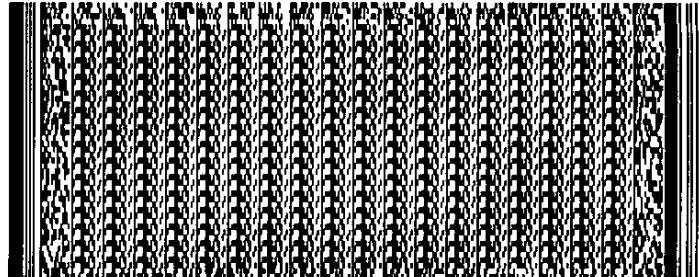
Name Lance Anderson, PA

Address

Address 8127 Jozee Circle

CSZ Orlando

FL 32836



☐ Check here if any changes have been made to name or address  
☒ Check here if you do not want the Department to send you a form next year

Computation of FL Net Income & Emergency Excise Tax

1	Federal taxable income (see instructions) — Attach pages 1 - 4 of federal return	1	
2	State income taxes deducted in computing federal taxable income (attach schedule)	2	
3	Additions to federal taxable income (from Schedule I)	3	
4	Total of Lines 1, 2 and 3	4	
5	Subtractions from federal taxable income (from Schedule II)	5	
6	Adjusted federal income (Line 4 minus Line 5)	6	
7	Florida portion of adjusted federal income (see instructions)	7	
8	Nonbusiness income allocated to Florida (from Schedule R)	8	
9	Florida exemption	9	
10	Florida net income (Line 7 plus Line 8 minus Line 9)	10	0.
11	Tax due: 5.5% of Line 10 or amount from Schedule VI, Line 11, whichever is greater (see instructions for Schedule VI)	11	0.
12	Credits against the tax (from Schedule V, Line 16)	12	
13	Emergency excise tax due (from Schedule A, Line 20)	13	
14	Total corporate income/franchise and emergency excise tax due (see instructions)	14	
15a	Penalty: F-2220	b Other	
c Interest: F-2220	d Other	Line 15 Total	15
16	Total of Lines 14 and 15	16	0.
17	Payment credits: Estimated tax payments	17a \$	
	Tentative tax payment	17b \$	
18	Subtract Line 17 from Line 16. Enter amount due here and on payment coupon. If there is an overpayment, enter on Line 19 and/or Line 20.	18	
19	Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon.	19	
20	Refund: Enter amount of overpayment to be refunded here and on payment coupon.	20	

FLCA0512L 09/27/06

2006 Florida Corporate Income Tax Return

YEAR ENDING 12/31/2006

INTU  
F-1120  
R 01/07

Do Not Detach

To ensure proper credit to your account, attach your check to this payment coupon and mail with tax return.

Return is Due 1st Day of the 4th Month After Close of the Taxable Year

Name Lance Anderson, PA

Check here if you transmitted funds electronically. ☐

Address

Address 8127 Jozee Circle

City Orlando

State FL ZIP Code 32836

205218131	0	0	0
20060101	0	0	0
20061231	0	0	0
00000001	0	0	0
003	0	0	0
212	0	0	0
0	0	0	0
0	0	0	0



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FEIN 20-5218131

This return is considered incomplete unless a copy of the federal return is attached. A return that is not signed, or improperly signed and verified, will be subject to a penalty. The statute of limitations period will not start until the return is properly signed and verified. This return must be completed in its entirety.			
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.			
<b>Sign Here</b>	Signature of Officer (Must be an original signature.)	Date 3/29/07	Title Owner
<b>Paid Preparer's Only</b>	Preparer's Signature	Date 3/22/07	Preparer's SSN or PTIN P00022994
	Firm's name (or yours if self-employed) and address	FEIN	59-3259818
		ZIP Code	32803
	<b>All Taxpayers are Required to Answer Questions A Through M Below as Appropriate – See Instructions</b>		

- A** State of incorporation: Florida
- B** Florida Secretary of State document number: P06000092764
- C** Florida consolidated return? ..... YES ☐ NO ☒
- D** ☒ Initial return ☐ Final return (final federal return filed)
- E** Taxpayer election Section 220.03(5), F.S.  
☒ General Rule ☐ Election A ☐ Election B
- F** Principal Business Activity Code (as pertains to Florida)  
531210
- G** A Florida extension of time was timely filed? ..... YES ☐ NO ☒  
If yes, attach copy of Florida Form F-7004.
- H-1** Corporation is a member of a controlled group? ... YES ☐ NO ☒  
If yes, attach list.
- H-2** Part of a federal consolidated return? ..... YES ☐ NO ☒ If yes, provide:  
FEIN from federal consolidated return: \_\_\_\_\_  
Name of corporation: \_\_\_\_\_
- H-3** The federal common parent has sales, property or payroll in Florida? ..... YES ☐ NO ☒
- I** Location of corporate books: \_\_\_\_\_  
Same
- J** Taxpayer is a member of a Florida partnership or joint venture? ..... YES ☐ NO ☒
- K** Enter date of latest IRS audit \_\_\_\_\_  
List years examined \_\_\_\_\_
- L** Contact person and telephone for questions concerning this return: \_\_\_\_\_
- M** Type of federal return filed ☐ 1120, ☐ 1120A, ☒ 1120S, or \_\_\_\_\_

**\*Do you want a personalized package?**

If you use purchased software to prepare and file your return and **do not** want us to send you a preprinted forms package next year, check the box in the upper right-hand corner of Page 1.

**Note:** Even if you check the box indicating that you **do not** want a package, you still may receive one last package next year as we capture and phase in your request.

**Where to Send Payments and Returns**

Make check payable to and send with return to:

FLORIDA DEPARTMENT OF REVENUE  
5050 W TENNESSEE STREET  
TALLAHASSEE, FL 32399-0135

If you are requesting a **refund** (Line 20), send your return to:

FLORIDA DEPARTMENT OF REVENUE  
PO BOX 6440  
TALLAHASSEE, FL 32314-6440

**Don't Forget:**

- ✓ **Make your check payable to the Florida Department of Revenue.**
- ✓ **Write your FEI Number on your check**
- ✓ **Sign your check and return.**
- ✓ **Attach a copy of your federal return.**
- ✓ **Attach a copy of your Form F-7004 (extension of time) if applicable.**



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Page 3 Form F-1120 (R 01/07)

NAME Lance Anderson, PA FEIN 20-5218131 TAXABLE YEAR ENDING 12/31/06

<b>Schedule A – Computation of Emergency Excise Tax (for assets placed in service 1/1/81 to 12/31/86)</b>		
1	Total depreciation expense deducted on federal Form 1120.....	1
2	Florida portion of adjusted federal income from F-1120, Page 1, Line 7 or Schedule VI, Line 7 (see instructions).....	2
3	Loss carry forward (Enter the loss as a positive number).....	3 0.
4	Subtract Line 3 from Line 2 and enter here. <b>Note:</b> If a loss carry forward shown on Line 3 exceeds a loss on Line 2, enter positive difference of the loss amounts shown.....	4
5	Depreciation deducted pursuant to IRC Section 168 for assets placed in service 1/1/81 to 12/31/86.....	5
6	Straight-line depreciation deducted pursuant to IRC Section 168(b)(3) and 60% of amounts of depreciation previously taxed on Schedule VI (for assets placed in service 1/1/81 to 12/31/86).....	6
7	All depreciation deducted pursuant to IRC Section 168 directly related to any amount shown as nonbusiness income.....	7
8	Subtract the sum of Line 6 and 7 from the amount on Line 5 and enter result here.....	8
9	Multiply Line 8 by .40 (40%) and enter here.....	9
10	Florida apportionment fraction shown in Schedule IIIA or IIID of F-1120 (Taxpayers that are 100% in Florida enter 1.0).....	10
11	Multiply Line 9 by Line 10 and enter here.....	11
12	Determine the amount of depreciation deducted pursuant to IRC Section 168 (except pursuant to Section 168(b)(3)) used in computing nonbusiness income allocated to Florida, multiply the amount by .40 (40%), and enter here.....	12
13	Add Lines 11 and 12 and enter here.....	13
14	Loss shown on Line 4. <b>Note:</b> If Line 4 does not show a loss, enter 0.....	14 0.
15	The portion of the exemption provided in Section 220.14, Florida Statutes, not used for Chapter 220 purposes, if any. If none, enter 0.....	15 0.
16	Subtract the sum of Lines 14 and 15 from the amount on Line 13 and enter result here.....	16
17	Multiply Line 16 by 2.5 (not 2.5%) and enter here. <b>Note:</b> If Line 16 shows a loss, enter 0.....	17 0.
18	Total tax due (2.2% of Line 17).....	18
19a	Emergency excise tax credit.....	
b	Emergency excise tax credit carryover.....	
	(attach schedule) Total ▶	19
20	Balance of tax due (enter on page 1, Line 13).....	20 0.

<b>Schedule I – Additions and/or Adjustments to Federal Taxable Income</b>		Column (a) For page 1	Column (b) For Schedule VI, AMT
1	Interest excluded from federal taxable income (see instructions).....	1	
2	Undistributed net long-term capital gains (see instructions).....	2	
3	Net operating loss, net capital loss, and excess charitable and employee benefit plan contribution carryovers deducted in computing federal taxable income (attach schedule).....	3	
4	Enterprise zone jobs credit (Form F-1156Z).....	4	
5	Ad valorem taxes allowable as enterprise zone property tax credit (Form F-1158Z).....	5	
6	Guaranty association assessment(s) credit.....	6	
7	Rural and/or urban high crime area job tax credits.....	7	
8	State housing tax credit.....	8	
9	Credit for contributions to nonprofit scholarship funding organizations.....	9	
10	Other additions (attach statement).....	10	
11	Total Lines 1 through 10 in Columns (a) and (b). Enter totals for each column on Line 11. Column (a) total is also entered on Page 1, Line 3 (of the F-1120 return). Column (b) total is also entered on Schedule VI, Line 3.....	11	



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Page 4 Form F-1120 (R 01/07)

NAME Lance Anderson, PA FEIN 20-5218131 TAXABLE YEAR ENDING 12/31/06

Schedule II – Subtractions from Federal Taxable Income		Column (a) For page 1	Column (b) For Schedule VI, AMT
<b>1</b> Gross foreign source income less attributable expenses <b>a</b> Enter Section 78 IRC income \$ _____ <b>b</b> plus Section 862 IRC dividends \$ _____ c less direct & indirect expenses \$ _____ Total ▶ <b>1</b>			
<b>2</b> Gross subpart F income less attributable expenses <b>a</b> Enter Section 951 IRC subpart F income \$ _____ <b>b</b> less direct and indirect expenses \$ _____ Total ▶ <b>2</b>			
<b>Note:</b> Taxpayers doing business both within and without Florida enter zero on Lines 3, 4, and 5 and complete Line 4 of Schedule IV.			
<b>3</b> Florida net operating loss carryover deduction (see instructions) ..... <b>3</b>			
<b>4</b> Florida net capital loss carryover deduction (see instructions) ..... <b>4</b>			
<b>5</b> Florida excess charitable and/or employee benefit plan contribution carryover (see instrs) ..... <b>5</b>			
<b>6</b> Nonbusiness income (from Schedule R, Line 3) ..... <b>6</b>			
<b>7</b> Eligible net income of an international banking facility (see instructions) ..... <b>7</b>			
<b>8</b> Other subtractions (attach statement) ..... <b>8</b>			
<b>9</b> Total Lines 1 through 8 in Columns (a) and (b). Enter totals for each column on Line 9. Column (a) total is also entered on Page 1, Line 5 (of the F-1120 return). Column (b) total is also entered on Schedule VI, Line 5 ..... <b>9</b>			

Schedule III – Apportionment of Adjusted Federal Income					
III-A For use by taxpayers doing business both within and without Florida, except those providing insurance or transportation services.					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col (a) + Col (b) Rounded to 6 Decimals	(d) Weight If any factor in Column (b) is zero, see instructions.	(e) Weighted Factors Rounded to 6 Decimals
<b>1</b> Property (Schedule III-B below) ....			0	x 25% or	= 0
<b>2</b> Payroll .....			0	x 25% or	= 0
<b>3</b> Sales (Schedule III-C below) .....			0	x 50% or	= 0
<b>4</b> Apportionment fraction (Sum of Lines 1, 2, and 3, Column (e)). Enter here and on Schedule IV, Line 2 .....					0
III-B For use in computing average value of property. (Use original cost)		WITHIN FLORIDA		TOTAL EVERYWHERE	
	a Beginning of year	b End of year	a Beginning of year	b End of year	
<b>1</b> Inventories of raw material, work in process, finished goods .....					
<b>2</b> Buildings and other depreciable assets .....					
<b>3</b> Land owned .....					
<b>4</b> Other tangible and intangible (financial organizations only) assets (attach schedule) .....					
<b>5</b> Total (Lines 1 through 4) .....					
<b>6</b> Average value of property (add Line 5, Columns (a) and (b) and divide by 2 (for within Florida and total everywhere)) .....					
<b>7</b> Rented property (8 times net annual rent) .....					
<b>8</b> Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Column (a) and (b). .....					
		Average Florida		Average Everywhere	
III-C Sales Factor			TOTAL WITHIN FLORIDA (Omit cents)	TOTAL EVERYWHERE (Omit cents)	
<b>1</b> Sales (gross receipts) .....	<b>1</b>				
<b>2</b> Sales delivered or shipped to Florida purchasers .....	<b>2</b>				
<b>3</b> Other gross receipts (rents, royalties, interest, etc when applicable) .....	<b>3</b>				
<b>4</b> TOTAL SALES (Enter on Schedule III-A, Line 3, Columns (a) and (b)) .....	<b>4</b>				
III-D Special Apportionment Fractions (see instructions)					
	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ((a) + (b)) Rounded to 6 Decimals		
<b>1</b> Insurance companies (attach copy of Schedule T – Annual Report) .....					
<b>2</b> Transportation services .....					

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Page 5 Form F-1120 (R 01/07)

NAME Lance Anderson, PA FEIN 20-5218131 TAXABLE YEAR ENDING 12/31/06

## Schedule IV – Computation of Florida Portion of Adjusted Federal Income

	Column (a) ADJUSTED FEDERAL INCOME	Column (b) ADJUSTED AMT INCOME
1 Apportionable adjusted federal income from Page 1, Line 6 (or Line 6, Schedule VI for AMT in Column (b)).....	1	1
2 Florida apportionment fraction (Schedule III-A, Line 4 or Schedule III-D, Column (c)).....	2	2
3 Tentative apportionment adjusted federal income (multiply Line 1 by Line 2)....	3	3
4 Net operating loss and/or other carryover apportioned to Florida (attach statement; see instructions).....	4	4
5 Adjusted federal income apportioned to Florida (Line 3 less Line 4; see instructions).....	5	5

## Schedule V – Credits Against the Corporate Income/Franchise Tax

1 Florida health maintenance organization credit (attach assessment notice).....	1
2 Capital investment tax credit (attach certification letter).....	2
3 Enterprise zone jobs credit (from Form F-1156Z attached).....	3
4 Community contribution tax credit (attach certification letter).....	4
5 Enterprise zone property tax credit (from Form F-1158Z attached).....	5
6 Rural job tax credit (attach certification letter).....	6
7 Urban high crime area job tax credit (attach certification letter).....	7
8 Emergency excise tax (EET) credit (see instructions and attach schedule).....	8
9 Hazardous waste facility tax credit.....	9
10 Florida Alternative minimum tax (AMT) credit.....	10
11 Contaminated site rehabilitation tax credit (attach tax credit certificate).....	11
12 Child care tax credits (attach certification letter).....	12
13 State housing tax credit (attach certification letter).....	13
14 Credit for contributions to nonprofit scholarship funding organizations.....	14
15 Other credits (attach schedule).....	15
16 Total credits against the tax (sum of Lines 1 through 15 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12.....	16

## Schedule VI – Computation of Florida Alternative Minimum Tax (AMT)

1 Federal alternative minimum taxable income after exemption (attach federal Form 4626).....	1
2 State income taxes deducted in computing federal taxable income (attach schedule).....	2
3 Additions to federal taxable income (from Schedule I, Column b).....	3
4 Total of Lines 1 through 3.....	4
5 Subtractions from federal taxable income (from Schedule II, Column b).....	5
6 Adjusted federal alternative minimum taxable income (Line 4 minus Line 5).....	6
7 Florida portion of adjusted federal income (see instructions).....	7
8 Nonbusiness income allocated to Florida (see instructions).....	8
9 Florida exemption.....	9
10 Florida net income (Line 7 plus Line 8 minus Line 9).....	10
11 Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11.....	11



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Page 6 Form F-1120 (R 01/07)

NAME Lance Anderson, PA FEIN 20-5218131 TAXABLE YEAR ENDING 12/31/06

**Schedule R – Nonbusiness Income**

**Line 1. Nonbusiness income (loss) allocated to Florida**

Type	Amount
_____	_____
_____	_____
_____	_____
Total allocated to Florida .....	1 _____
(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)	

**Line 2. Nonbusiness income (loss) allocated elsewhere**

Type	State/country allocated to	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
Line 2. Total allocated elsewhere .....		2 _____

**Line 3. Total nonbusiness income**

Grand total. Total of Lines 1 and 2 .....	3 _____
(Enter here and on Schedule II, Line 6)	

**Estimated Tax Worksheet**  
**For Taxable Years Beginning on or After January 1, 2007**

1	Florida income expected in taxable year .....	1	\$	_____
2	Florida exemption \$5,000 (Members of a controlled group, see instructions for F-1120N) .....	2	\$	_____
3	Estimated Florida net income (Line 1 less Line 2) .....	3	\$	_____
4	Total Estimated Florida tax (5.5% of Line 3)* .....		\$	_____
	Less: Credits against the tax .....	4	\$	_____
* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.				
5	Estimated emergency excise tax .....	5	\$	_____
6	Total corporate and emergency excise tax (Line 4 plus Line 5) .....	6	\$	_____
If Line 6 is more than \$2,500, file installment as computed on Line 7; if \$2,500 or less, no declaration (Form F-1120ES) is required.				
7	Computation of installments:			
	Payment due dates and			
	payment amounts:			
	1st day of 5th month – Enter 0.25 of Line 6 .....	7a		_____
	1st day of 7th month – Enter 0.25 of Line 6 .....	7b		_____
	1st day of 10th month – Enter 0.25 of Line 6 .....	7c		_____
	1st day after close of fiscal year – Enter 0.25 of Line 6 .....	7d		_____

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Form F-1120ES).

1	Amended estimated tax .....	1	\$	_____
2	Less:			
	a Amount of overpayment from last year elected for credit to estimated tax and applied to date .....	2a	\$	_____
	b Payments made on estimated tax declaration (F-1120ES) .....	2b	\$	_____
	c Total of Lines 2a and 2b .....	2c	\$	_____
3	Unpaid balance (Line 1 less Line 2c) .....	3	\$	_____
4	Amount to be paid (Line 3 divided by number of remaining installments) .....	4	\$	_____

ATTACHMENT

40048099

Form **1120S****U.S. Income Tax Return for an S Corporation**

OMB No. 1545-0130

Department of the Treasury  
Internal Revenue Service

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

**2006**

For calendar year 2006 or tax year beginning 2006, ending

<b>A</b> Effective date of S election  7/13/2006	<b>Use the IRS label. Otherwise, print or type.</b>  Lance Anderson, PA 8127 Jozee Circle Orlando, FL 32836	<b>C</b> Employer identification number 20-5218131
<b>B</b> Business activity code number (see instructions) 531210		<b>D</b> Date incorporated 7/13/2006
		<b>E</b> Total assets (see instructions) \$ 0.

**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.

<b>I N C O M E</b>	<b>1 a</b> Gross receipts or sales. 23,929.	<b>b</b> Less returns and allowances.	<b>c</b> Bal	<b>1 c</b> 23,929.
	<b>2</b> Cost of goods sold (Schedule A, line 8).			<b>2</b>
	<b>3</b> Gross profit. Subtract line 2 from line 1c.			<b>3</b> 23,929.
	<b>4</b> Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797).			<b>4</b>
	<b>5</b> Other income (loss) (attach statement).			<b>5</b>
	<b>6</b> Total income (loss). Add lines 3 through 5.			<b>6</b> 23,929.
<b>D E D U C T I O N S</b>	<b>7</b> Compensation of officers.			<b>7</b>
	<b>8</b> Salaries and wages (less employment credits).			<b>8</b>
	<b>9</b> Repairs and maintenance.			<b>9</b>
	<b>10</b> Bad debts.			<b>10</b>
	<b>11</b> Rents.			<b>11</b>
	<b>12</b> Taxes and licenses.			<b>12</b>
	<b>13</b> Interest.			<b>13</b>
	<b>14</b> Depreciation not claimed on Schedule A or elsewhere on return (attach Form 4562).			<b>14</b>
	<b>15</b> Depletion (Do not deduct oil and gas depletion).			<b>15</b>
	<b>16</b> Advertising.			<b>16</b>
	<b>17</b> Pension, profit-sharing, etc. plans.			<b>17</b>
<b>18</b> Employee benefit programs.			<b>18</b>	
<b>19</b> Other deductions (attach statement).	See Statement 1		<b>19</b> 13,454.	
<b>20</b> Total deductions. Add lines 7 through 19.			<b>20</b> 13,454.	
<b>21</b> Ordinary business income (loss). Subtract line 20 from line 6.			<b>21</b> 10,475.	
<b>T A X A N D P A Y M E N T S</b>	<b>22 a</b> Excess net passive income or LIFO recapture tax (see instructions).	<b>22 a</b>		
	<b>b</b> Tax from Schedule D (Form 1120S).	<b>22 b</b>		
	<b>c</b> Add lines 22a and 22b (see instructions for additional taxes).			<b>22 c</b>
	<b>23 a</b> 2006 estimated tax payments and 2005 overpayment credited to 2006.	<b>23 a</b>		
	<b>b</b> Tax deposited with Form 7004.	<b>23 b</b>		
	<b>c</b> Credit for federal tax paid on fuels (attach Form 4136).	<b>23 c</b>		
	<b>d</b> Credit for federal telephone excise tax paid (attach Form 8913).	<b>23 d</b>		
	<b>e</b> Add lines 23a through 23d.			<b>23 e</b>
	<b>24</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached.			<b>24</b>
	<b>25</b> Amount owed. If line 23e is smaller than the total of lines 22c and 24, enter amount owed.			<b>25</b> 0.
<b>26</b> Overpayment. If line 23e is larger than the total of lines 22c and 24, enter amount overpaid.			<b>26</b>	
<b>27</b> Enter amount from line 26 Credited to 2007 estimated tax		Refunded	<b>27</b>	

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

<b>Paid Preparer's Use Only</b>	Preparer's signature Craig W. Smalley E.A.	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN P00022994
	Firm's name (or yours if self-employed), address, and ZIP code Smalley & Company, PA 1517 East Hillcrest Street Orlando, FL 32803	EIN 59-3259818	Phone no. (407) 897-2277	

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

SPSA0105L 01/05/07

Form 1120S (2006)



# ATTACHMENT

## 40048099

### Schedule A Cost of Goods Sold (see instructions)

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

**9a** Check all methods used for valuing closing inventory:

- (i) ☐ Cost as described in Regulations section 1.471-3  
 (ii) ☐ Lower of cost or market as described in Regulations section 1.471-4  
 (iii) ☐ Other (Specify method used and attach explanation.)

**b** Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c) ☐ Yes ☐ No

**c** Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ☐ Yes ☐ No

**d** If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO **9d** ☐ Yes ☐ No

**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 B Other Information (see instructions)

	Yes	No
1 Check accounting method: <b>a</b> <input checked="" type="checkbox"/> Cash <b>b</b> <input type="checkbox"/> Accrual <b>c</b> <input type="checkbox"/> Other (specify) _____		
2 See the instructions and enter the: <b>a</b> Business activity <b>Service</b> <b>b</b> Product or service <b>Real Estate Agent</b>		
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).) If 'Yes,' attach a statement showing: <b>(a)</b> name and employer identification number (EIN), <b>(b)</b> percentage owned, and <b>(c)</b> if 100% owned, was a QSub election made?		X
4 Was the corporation a member of a controlled group subject to the provisions of section 1561?		X
5 Has this corporation filed, or is it required to file, a return under section 6111 to provide information on any reportable transaction?		X
6 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file <b>Form 8281</b> , Information Return for Publicly Offered Original Issue Discount Instruments.		
7 If the corporation: <b>(a)</b> was a C corporation before it elected to be an S corporation <b>or</b> the corporation acquired an asset with a basis determined by reference to its basis (or the basis of any other property) in the hands of a C corporation <b>and</b> <b>(b)</b> has net unrealized built-in gain (defined in section 1374(d)(1)) in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. \$ _____		
8 Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$ _____		
9 Are the corporation's total receipts (see instructions) for the tax year <b>and</b> its total assets at the end of the tax year less than \$250,000? If 'Yes,' the corporation is not required to complete Schedules L and M-1.	X	

**Note:** 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.

### Schedule K Shareholders' Pro Rata Share Items

	Total amount
1 Ordinary business income (loss) (page 1, line 21)	1 10,475.
2 Net rental real estate income (loss) (attach Form 8825)	2
3a Other gross rental income (loss)	3a
b Expenses from other rental activities (attach statement)	3b
c Other net rental income (loss). Subtract line 3b from line 3a	3c
4 Interest income	4
5 Dividends: a Ordinary dividends	5a
b Qualified dividends	5b
6 Royalties	6
7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a
b Collectibles (28%) gain (loss)	8b
c Unrecaptured section 1250 gain (attach statement)	8c
9 Net section 1231 gain (loss) (attach Form 4797)	9
10 Other income (loss) (see instructions)	10

INCOME (LOSS)

## ATTACHMENT

40048099

Form 1120S (2006) Lance Anderson, PA 20-5218131

Page 3

Shareholders' Pro Rata Share Items (continued)		Total amount	
Deductions	11 Section 179 deduction (attach Form 4562).....	11	
	12a Contributions.....	12a	
	b Investment interest expense.....	12b	
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c (2)	
	d Other deductions (see instructions) Type ▶	12d	
Credits	13a Low-income housing credit (section 42(j)(5)).....	13a	
	b Low-income housing credit (other).....	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468).....	13c	
	d Other rental real estate credits (see instrs) Type ▶	13d	
	e Other rental credits (see instrs) Type ▶	13e	
	f Credit for alcohol used as fuel (attach Form 6478).....	13f	
	g Other credits (see instructions) Type ▶	13g	
	Foreign Trans- actions	14a Name of country or U.S. possession.....	14b
b Gross income from all sources.....	14c		
c Gross income sourced at shareholder level.....	14d		
Foreign gross income sourced at corporate level.....	14e		
d Passive.....	14f		
e Listed categories (attach statement).....	14g		
f General limitation.....	14h		
Deductions allocated and apportioned at shareholder level.....	14i		
g Interest expense.....	14j		
h Other.....	14k		
Deductions allocated and apportioned at corporate level to foreign source income.....	14l		
i Passive.....	14m		
j Listed categories (attach statement).....			
k General limitation.....			
Other information.....			
l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued.....			
m Reduction in taxes available for credit (attach statement).....			
n Other foreign tax information (attach statement).....			
Alternative Minimum Tax (AMT) items	15a Post-1986 depreciation adjustment.....	15a	
	b Adjusted gain or loss.....	15b	
	c Depletion (other than oil and gas).....	15c	
	d Oil, gas, and geothermal properties — gross income.....	15d	
	e Oil, gas, and geothermal properties — deductions.....	15e	
	f Other AMT items (attach statement).....	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income.....	16a	
	b Other tax-exempt income.....	16b	
	c Nondeductible expenses.....	16c	125.
	d Property distributions.....	16d	
	e Repayment of loans from shareholders.....	16e	
Other Information	17a Investment income.....	17a	
	b Investment expenses.....	17b	
	c Dividend distributions paid from accumulated earnings and profits.....	17c	
	d Other items and amounts (attach statement).....		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and lines 14i.....	18	10,475.

BAA

Form 1120S (2006)

# ATTACHMENT

40048099

Form **1120S** (2006) **Lance Anderson, PA**

20-5218131

Page **4**

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

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

**Note:** Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more — see instructions

<b>1</b> Net income (loss) per books..... <b>2</b> Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):  <b>3</b> Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 14i (itemize): <b>a</b> Depreciation..... \$ _____ <b>b</b> Travel and entertainment..... \$ _____  <b>4</b> Add lines 1 through 3.....	<b>5</b> Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): <b>a</b> Tax-exempt interest..... \$ _____  <b>6</b> Deductions included on Schedule K, lines 1 through 12, and 14i, not charged against book income this year (itemize): <b>a</b> Depreciation..... \$ _____  <b>7</b> Add lines 5 and 6..... <b>8</b> Income (loss) (Schedule K, ln 18). Ln 4 less ln 7...
--	---

**Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)**

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
<b>1</b> Balance at beginning of tax year.....	0.		
<b>2</b> Ordinary income from page 1, line 21.....	10,475.		
<b>3</b> Other additions.....			
<b>4</b> Loss from page 1, line 21.....			
<b>5</b> Other reductions..... See Statement 2.....	( 125.)		
<b>6</b> Combine lines 1 through 5.....	10,350.		
<b>7</b> Distributions other than dividend distributions.....			
<b>8</b> Balance at end of tax year. Subtract line 7 from line 6.....	10,350.		

ATTACHMENT 40048099

671106

**Schedule K-1**  
**(Form 1120S)****2006**☐ Final K-1☐ Amended K-1

OMB No. 1545-0130

Department of the Treasury  
Internal Revenue Service

For calendar year 2006, or tax

year beginning \_\_\_\_\_, 2006

ending \_\_\_\_\_, 2006

**Shareholder's Share of Income, Deductions, Credits, etc.** ▶ See page 2 of form and separate instructions.**Part I** Information About the Corporation**A** Corporation's employer identification number  
20-5218131**B** Corporation's name, address, city, state, and ZIP code  
Lance Anderson, PA  
8127 Jozee Circle  
Orlando, FL 32836**C** IRS Center where corporation filed return  
Ogden, UT**D** ☐ Tax shelter registration number, if any \_\_\_\_\_**E** ☐ Check if Form 8271 is attached**Part II** Information About the Shareholder**F** Shareholder's identifying number  
140-58-4842**G** Shareholder's name, address, city, state, and ZIP code  
Lance Anderson  
8127 Jozee Circle  
Orlando, FL 32836**H** Shareholder's percentage of stock ownership for tax year \_\_\_\_\_ 100 %FOR  
IRS  
USE  
ONLY**Part III** Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	10,475.		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
		<b>C</b>	125.
<b>12</b>	Other deductions		
		<b>17</b>	Other information

\*See attached statement for additional information.

ATTACHMENT

2006

Federal Statements

Page 1

Lance Anderson, PA

20-5218131

40048099

**Statement 1**  
**Form 1120S, Line 19**  
**Other Deductions**

Auto and Truck Expense.....	\$	7,939.
Brokers.....		25.
Dues and Subscriptions.....		479.
Internet.....		781.
Legal and Professional.....		495.
Meals and Entertainment Expense.....		125.
Real Estate Fees.....		1,477.
Sales Expense.....		85.
Supplies.....		260.
Telephone.....		1,788.
Total	\$	<u>13,454.</u>

**Statement 2**  
**Form 1120S, Schedule M-2, Column A, Line 5**  
**Other Reductions**

Disallowed Meals and Entertainment.....	\$	125.
Total	\$	<u>125.</u>