


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90040 045 ***158.75

DOCUMENT # P06000110097 1. Entity Name LINDA GELHOT INC					
Principal Place of Business 118A GARDEN ST TAVERNIER, FL 33070			Mailing Address 118A GARDEN ST TAVERNIER, FL 33070		
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		Country		4. FEI Number 20-5503201	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GELHOT, LINDA 118A GARDEN ST TAVERNIER, FL 33070				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTL Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DPST GELHOT, LINDA 118A GARDEN ST TAVERNIER, FL 33070		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: LINDA Gelhot <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/5/07 305 852-8205 <small>Date Daytime Phone #</small>		

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ATTACHMENT

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Form 941 for 2006: Employer's QUARTERLY Federal Tax Return
(Rev. January 2006) Department of the Treasury - Internal Revenue Service

OMB No. 1545-0029

(EIN)
Employer identification number 20-5503201

Name (not your trade name) LINDA GELHOT INC
Trade name (if any) _____

Address 118A GARDEN STREET
TAVERNIER, FL 33070

Report for this Quarter ... (Check one.)

☐ 1: January, February, March☐ 2: April, May, June☐ 3: July, August, September☒ 4: October, November, December

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4) 1 0

2 Wages, tips, and other compensation 2 0.00

3 Total income tax withheld from wages, tips, and other compensation 3 _____

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

5 Taxable social security and Medicare wages and tips:

	Column 1		Column 2
5a Taxable social security wages	<u> </u>	x .124 =	<u> </u>
5b Taxable social security tips	<u> </u>	x .124 =	<u> </u>
5c Taxable Medicare wages & tips	<u> </u>	x .029 =	<u> </u>
5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d)		5d	<u> </u>
6 Total taxes before adjustments (lines 3 + 5d = line 6)		6	<u> </u>
7 TAX ADJUSTMENTS (Read instructions for line 7 before completing lines 7a through 7h.):			
7a Current quarter's fractions of cents	<u> </u>		
7b Current quarter's sick pay	<u> </u>		
7c Current quarter's adjustments for tips and group-term life insurance	<u> </u>		
7d Current year's income tax withholding (attach Form 941c)	<u> </u>		
7e Prior quarter's social security and Medicare taxes (attach Form 941c)	<u> </u>		
7f Special additions to federal income tax (attach Form 941c)	<u> </u>		
7g Special additions to social security and Medicare (attach Form 941c)	<u> </u>		
7h TOTAL ADJUSTMENTS (Combine all amounts: lines 7a through 7g.)		7h	<u> </u>
8 Total taxes after adjustments (Combine lines 6 and 7h.)		8	<u> </u>
9 Advance earned income credit (EIC) payments made to employees		9	<u> </u>
10 Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10)		10	<u>0.00</u>
11 Total deposits for this quarter, including overpayment applied from a prior quarter		11	<u> </u>
12 Balance due (If line 10 is more than line 11, write the difference here,)		12	<u> </u>

Make checks payable to the United States Treasury.

13 Overpayment (If line 11 is more than line 10, enter the difference here.)

(HTA) Form 941 (Rev. 1-2006)

Check one

☐ Apply to next return.☐ Send a refund.

For Privacy Act and Paperwork Reduction Act Notice, see the Payment Voucher.

ATTACHMENT

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Form 940 for 2006:

Employer's Annual Federal Unemployment (FUTA) Tax Return

Department of the Treasury -- Internal Revenue Service

OMB No. 1545-0028

Employer identification number 20-5503201

Name (not your trade name) LINDA GELHOT INC

Trade name (if any)

Address 118A GARDEN STREET

TAVERNIER, FL 33070

Type of Return (Check all that apply)

- ☐ a. Amended
- ☐ b. Successor employer
- ☐ c. No payments to employees in 2006.
- ☐ d. Final: Business closed or stopped paying wages

Read the separate instructions before you fill out this form. Please type or print within the boxes.

Part 1: Tell us about your return. If any line does NOT apply, leave it blank.

1. If you were required to pay your state unemployment tax in...

1a. One state only, enter the state abbreviation. 1a

FL

- OR -

1b. More than one state (You are a multi-state employer)

1b ☐ Check here. Fill out Schedule A

2. Line 2 is not applicable for 2006 2

Part 2: Determine your FUTA tax before adjustments for 2006. If any line does NOT apply, leave it blank.

3. Total payments to all employees 3

4. Payments exempt from FUTA tax 4

Check all that apply:

4a ☐

Fringe benefits

4c ☐

Retirement/Pension

4e ☐

Other

4b ☐

Group term life insurance

4d ☐

Dependent care

5. Total of payments made to each employee in excess of \$7,000 5

6. Subtotal (line 4 + line 5 = line 6) 6

7. Total taxable FUTA wages (line 3 - line 6 = line 7) 7

8. FUTA tax before adjustments (line 7 x .008 = line 8) 8

Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.

9. If ALL of the FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by .054 (line 7 x .054 = line 9). Then go to line 12. 9

10. If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), fill out the worksheet in the instructions. Enter the amount from line 7 of the worksheet onto line 10. 10

11. Line 11 is not applicable for 2006 11

Part 4: Determine your FUTA tax and balance due or overpayment for 2006. If any line does NOT apply, leave it blank.

12. Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) 12

13. FUTA tax deposited for the year, including any payment applied from a prior year 13

14. Balance due (If line 12 is more than line 13, enter the difference on line 14.)

• If line 14 is more than \$500, you must deposit your tax.

• If line 14 is \$500 or less and you pay by check, make your check payable to the United States Treasury and write your EIN, Form 940, and 2006 on the check. 14

15. Overpayment (If line 13 is more than line 12, enter the difference on line 15 and check a box below.) 15

Check one:

☐

Apply to next return.

☐

Send a refund.

Next ▶

▶ You MUST fill out both pages of this form and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see Form 940-V: Payment Voucher.

(HTA)

Form 940 (2006)