


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90458 029 ***150.00

DOCUMENT # P06000121718

1. Entity Name
THE VILLAGE SHOPPE & APOTHECARY, INC.



Principal Place of Business Mailing Address
10020 PARLEY DRIVE **10020 PARLEY DRIVE**
TAMPA, FL 33626 US **TAMPA, FL 33626 US**

40031340



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

02152007 Chg-P CR2E034 (12/06)

4. FEI Number
20-560 7322 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

COHALLA, CAREN D
10020 PARLEY DRIVE
TAMPA, FL 33626

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

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 <input type="checkbox"/> Delete
NAME	COHALLA, CAREN D
STREET ADDRESS	10020 PARLEY DRIVE
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE: Caren D Cohalla President 2/20/07 813 843 4558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40091546
P.O. 00121718

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.

COPY

2006

For calendar year 2006 or tax year beginning 9/21/2006 ending 12/31/2006

A Effective date of S election <u>9/21/2006</u>	Use IRS label.	Name <u>The Village Shoppe & Apothecary, Inc.</u>	C Employer identification number <u>20-5607322</u>
B Business activity code number (see instructions) <u>453990</u>	Other-wise, print or type.	Number, street, and room or suite no. If a P.O. box, see instructions. <u>10020 Parley Drive</u>	D Date incorporated <u>9/21/2006</u>
		City or town State ZIP code <u>Tampa FL 33626</u>	E Total assets (see instructions) \$ <u>4,243</u>

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.

	1a	b	c Bal				
Income	1a Gross receipts or sales			c Bal	1c		0
	2 Cost of goods sold (Schedule A, line 8)				2		
	3 Gross profit. Subtract line 2 from line 1c				3		0
	4 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)				4		
	5 Other income (loss) (see instructions—attach statement)				5		
	6 Total income (loss). Add lines 3 through 5				6		0
Deductions <small>(see instructions for limitations)</small>	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		750
	12 Taxes and licenses				12		
	13 Interest				13		
	14 Depreciation not claimed on Schedule A or elsewhere on return (attach Form 4562)				14		265
	15 Depletion (Do not deduct oil and gas depletion.)				15		
	16 Advertising				16		
	17 Pension, profit-sharing, etc., plans				17		
18 Employee benefit programs				18			
19 Other deductions (attach statement)				19		4,544	
20 Total deductions. Add lines 7 through 19				20		5,559	
21 Ordinary business income (loss). Subtract line 20 from line 6				21		-5,559	
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		0
	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					
	e Add lines 23a through 23d				23e		0
	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		0	
27 Enter amount from line 26 Credited to 2007 estimated tax ▶ Refunded ▶				27		0	

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.

Sign Here ▶ Carmel Okall 2/15/07 ▶ President

Signature of officer Date Title

Preparer's signature ▶ [Signature] Date 2/15/2007 Check if self-employed Preparer's SSN or PTIN 018-36-9671

Paid Preparer's Use Only Firm's name (or yours if self-employed), address, and ZIP code ▶ Louis Scourtas & Associates, Inc. EIN 59-3333806
2430 Estancia Blvd Suite 108 Phone no. 727-443-0709
Clearwater State FL ZIP code 33761

ATTACHMENT 40091546

~~#POL00012178~~

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 Total. Add lines 1 through 5	6	0	
7 Inventory at end of year	7		
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	0	

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) ▶

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO 9d

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? Yes No
If "Yes," attach explanation.

Schedule B Other Information (see instructions)

	Yes	No
1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶		
2 See the instructions and enter the: a Business activity ▶ Retail Sales b Product or service ▶ Products		
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: (a) name and employer identification number (EIN), (b) percentage owned, and (c) 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 If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments. <input type="checkbox"/>		
7 If the corporation: (a) was a C corporation before it elected to be an S corporation or 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 and (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 and 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	-5,559
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	0
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) Type ▶	10	

ATTACHMENT 40091546

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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 instructions) Type	13d	
	e Other rental credits (see instructions) Type	13e	
	f Credit for alcohol used as fuel (attach Form 6478)	13f	
	g Other credits (see instructions) Type	13g	
Foreign Transactions	14a Name of country or U.S. possession		
	b Gross income from all sources	14b	
	c Gross income sourced at shareholder level Foreign gross income sourced at corporate level	14c	
	d Passive	14d	
	e Listed categories (attach statement)	14e	
	f General limitation Deductions allocated and apportioned at shareholder level	14f	
	g Interest expense	14g	
	h Other Deductions allocated and apportioned at corporate level to foreign source income	14h	
	i Passive	14i	
	j Listed categories (attach statement)	14j	
	k General limitation Other information	14k	
	l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l	
	m Reduction in taxes available for credit (attach statement)	14m	
	n Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) items	15a Post-1986 depreciation adjustment	15a	66
	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	26
	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 14l.	18	-5,559

ATTACHMENT 40091546

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Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts		0		0
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10a Buildings and other depreciable assets			4,508	
b Less accumulated depreciation		0	265	4,243
11a Depletable assets				
b Less accumulated depletion		0		0
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization		0		0
14 Other assets (attach statement)				
15 Total assets		0		4,243
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach statement)				
19 Loans from shareholders				9,328
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach statement)				
22 Capital stock				500
23 Additional paid-in capital				
24 Retained earnings				(5,585)
25 Adjustments to shareholders' equity (attach statement)				
26 Less cost of treasury stock				
27 Total liabilities and shareholders' equity		0		4,243

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	
1 Net income (loss) per books	-5,585
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14i (itemize):	
a Depreciation \$	
b Travel and entertainment \$ 26	
4 Add lines 1 through 3	-5,559
5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
a Tax-exempt interest \$	0
6 Deductions included on Schedule K, lines 1 through 12 and 14i, not charged against book income this year (itemize):	
a Depreciation \$	0
7 Add lines 5 and 6	0
8 Income (loss) (Schedule K, line 18). Line 4 less line 7	-5,559

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
1 Balance at beginning of tax year			
2 Ordinary income from page 1, line 21			
3 Other additions			
4 Loss from page 1, line 21	(5,559)		
5 Other reductions	26		
6 Combine lines 1 through 5	(5,585)	0	0
7 Distributions other than dividend distributions	0	0	0
8 Balance at end of tax year. Subtract line 7 from line 6	(5,585)	0	0

ATTACHMENT

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#P00000121718

671106

Final K-1

Amended K-1

OMB No. 1545-0130

**Schedule K-1
(Form 1120S)**

Department of the Treasury
Internal Revenue Service

2006

For calendar year 2006, or tax
year beginning 9/21, 2006
ending 12/31, 2006

**Shareholder's Share of Income, Deductions,
Credits, etc.**

▶ See back of form and separate instructions.

**Part III Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items**

1	Ordinary business income (loss)	13	Credits
	-5,559		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
		A	66
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions	C	26
		17	Other information

Part I Information About the Corporation

A Corporation's employer identification number
20-5607322

B Corporation's name, address, city, state, and ZIP code
The Village Shoppe & Apothecary, Inc.
10020 Parley Drive
Tampa FL 33626

C IRS Center where corporation filed return
Ogden, UT 84201-0013

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 Shareholder 1
263-65-1902

G Shareholder's name, address, city, state and ZIP code
Caren D Cohalla
10020 Parley Drive
Tampa, FL 33626

H Shareholder's percentage of stock
ownership for tax year _____ 100.%

For IRS Use Only

* See attached statement for additional information.

ATTACHMENT 40091546
#P0000021718

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2006

Attachment
Sequence No. 67

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return The Village Shoppe & Apothecary, Inc.	Business or activity to which this form relates 1120S - Retail Sales	Identifying number 20-5607322
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	430,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	108,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		

7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562.	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	▶ 13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2006	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		2,603	5	HY	200DB	174
c 7-year property		1,905	7	HY	200DB	91
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	265
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2006)

(HTA)

ATTACHMENT 40091546
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Line 19 (Form 1120S) - Other Deductions

1	Travel, Meals and Entertainment				
	b Meals and entertainment, subject to 50% limit	1b		51	
	c Meals and entertainment, subject to 75% limit (DOT)	1c			
	d Less disallowed	1d		26	
	e Subtract line d from lines b and c	1e		25	
2	Accounting	2		525	
3	Automobile Expenses	3		1,380	
4	Materials & Supplies	4		782	
5	Office	5		56	
6	Telephone	6		494	
7	Internet	7		74	
8	Operating Expenses	8		1,208	
9	Total other deductions	9		4,544	

ATTACHMENT

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Florida Corporate Income/Franchise and Emergency Excise Tax Return

F-1120, R. 01/07
ATX1



FEIN 20-5607322

For calendar year 2006 or tax year beginning 09/21, 2006 ending 12/31/2006



870802006123100020050377320560732200004

COPY

Name The Village Shoppe & Apothecary, Inc.
Address 10020 Parley Drive
Address
City/State/ZIP Tampa, FL 33626

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. (*see back of coupon)

Computation of Florida Net Income and Emergency Excise Tax

Table with 3 columns: Description, Check here if negative, Amount. Rows include Federal taxable income, State income taxes, Additions, Subtractions, Florida exemption, Florida net income, Tax due, Credits, Total corporate income, Payment credits, and Refund.

2006 Florida Corporate Income Tax Return

ATX1
F-1120
R. 01/07

Do Not Detach

YEAR ENDING 12/31/2006

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

Check here if you transmitted funds electronically

Name The Village Shoppe & Apothecary, Inc.
Address 10020 Parley Drive
Address
City/State/ZIP Tampa, FL 33626

Table with 4 columns: Identification numbers (205607322, 20070921, 20061231, 00000000, 003, 212, 0, 0) and corresponding values (0, 0, 0, .000000, 0, 0, 0, 0).

ATTACHMENT

40091546

#P06000121718



ATX1
F-1120
R. 01/07

FEIN 20-5607322

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.

Sign here	<i>Caren D. Cohalla</i> Signature of officer (must be an original signature)	Date 2/15/07	Title	President
Paid preparers only	Preparer's signature	Date 02/15/2007	Preparer check if self-employed	<input type="checkbox"/>
	Firm's name (or yours if self-employed) and address	Louis Scourtas & Associates, Inc. 2430 Estancia Blvd Suite 108, Clearwater, FL	Preparer's SSN or PTIN	018-36-9671
		FEIN 59-3333806	ZIP	33761

All Taxpayers Are Required to Answer Questions A Through M Below as Appropriate — See Instructions

- A. State of incorporation: Florida
- B. Florida Secretary of State document number: P06000121718
- C. Florida consolidated return? YES NO
- D. Initial return Final return (final federal return filed)
- E. Taxpayer election s. 220.03(5), F.S. General Rule Election A Election B
- F. Principal Business Activity Code (as pertains to Florida)
453990
- 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 as tax return
- J. Taxpayer is a member of a Florida partnership or joint venture? YES NO
- K. Enter date of latest IRS audit na List years examined na
- L. Contact person and telephone for questions concerning this return:
Caren Cohalla 813-843-4558
- 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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FEIN 20-5607322
DATA Page 1

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 PAGE 3

NAME The Village Shoppe & Apothecary, Inc FEIN 20-5607322 TAXABLE YEAR ENDING 12/31/2006

Schedule A — Computation of Emergency Excise Tax (for assets placed in service 1/1/81 to 12/31/86)

1. Total depreciation expense deducted on federal Form 1120	1.	265
2. Florida portion of adjusted federal income from F-1120, Page 1, Line 7 or Schedule VI, Line 7 (see instructions)	2.	0
3. Loss carry forward (Enter the loss as a positive number)	3.	0
4. Subtract Line 3 from Line 2 and enter here Note: If a loss carry forward shown on Line 3 exceeds a loss on Line 2, enter positive difference of the loss amounts shown	4.	0
5. Depreciation deducted pursuant to I.R.C. s. 168 for assets placed in service 1/1/81 to 12/31/86	5.	
6. Straight-line depreciation deducted pursuant to I.R.C. s. 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 I.R.C. s. 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.	0
9. Multiply Line 8 by .40 (40%) and enter here	9.	0
10. Florida apportionment fraction shown in Schedule IIIA or IIID of F-1120 (Taxpayers that are 100% in Florida enter 1.0)	10.	1.000000
11. Multiply Line 9 by Line 10 and enter here	11.	0
12. Determine the amount of depreciation deducted pursuant to I.R.C. s. 168 [except pursuant to s. 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.	0
14. Loss shown on Line 4. Note: If Line 4 does not show a loss, enter 0	14.	0
15. The portion of the exemption provided in s. 220.14, Florida Statutes, not used for Chapter 220 purposes, if any. If none, enter 0	15.	
16. Subtract the sum of Lines 14 and 15 from the amount on Line 13 and enter result here	16.	0
17. Multiply Line 16 by 2.5 (not 2.5 %) and enter here. Note: If Line 16 shows a loss, enter 0	17.	0
18. Total tax due (2.2% of Line 17)	18.	0
19. (a) Emergency excise tax credit: (b) Emergency excise tax credit carryover: (attach schedule) Total	19.	0
20. Balance of tax due (enter on Page 1, Line 13)	20.	0

Schedule I — Additions and/or Adjustments to Federal Taxable Income

	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income (see instructions)	1.	1.
2. Undistributed net long-term capital gains (see instructions)	2.	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.	3. 0
4. Enterprise zone jobs credit (Form F-1156Z)	4.	4. 0
5. Ad valorem taxes allowable as enterprise zone property tax credit (Form F-1158Z)	5.	5. 0
6. Guaranty association assessment(s) credit	6.	6.
7. Rural and/or urban high crime area job tax credits	7.	7. 0
8. State housing tax credit	8.	8. 0
9. Credit for contributions to nonprofit scholarship funding organizations	9.	9. 0
10. Other additions (attach statement)	10.	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.	11. 0

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NAME The Village Shoppe & Apothecary, Inc. FEIN 20-5607322 TAXABLE YEAR ENDING 12/31/2006

Schedule II — Subtractions from Federal Taxable Income		Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Gross foreign source income less attributable expenses (a) Enter s. 78 I.R.C. income \$ _____ (b) plus s. 862 I.R.C. dividends \$ _____ (c) less direct and indirect expenses \$ _____ Total ▶		1.	0
2. Gross subpart F income less attributable expenses (a) Enter s. 951 I.R.C. subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total ▶		2.	0
Note: Taxpayers doing business both within and without Florida enter zero on Lines 3, 4, and 5 and complete Line 4 of Schedule IV.			
3. Florida net operating loss carryover deduction (see instructions)		3.	0
4. Florida net capital loss carryover deduction (see instructions)		4.	4.
5. Florida excess charitable and/or employee benefit plan contribution carryover (see instructions)		5.	5.
6. Nonbusiness income (from Schedule R, Line 3)		6.	0
7. Eligible net income of an international banking facility (see instructions)		7.	7.
8. Other subtractions (attach statement)		8.	8.
9. 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.		9.	0

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 Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Page 11 of the instructions.	(e) Weighted Factors Rounded to Six Decimals Places
1. Property (Schedule III-B below)	0	0	.000000	x 25% or 0.0%	.000000
2. Payroll	0	0	.000000	x 25% or 0.0%	.000000
3. Sales (Schedule III-C below)	0	0	.000000	x 50% or 0.0%	.000000
4. Apportionment fraction [Sum of Lines 1, 2, and 3, Column (e)]. Enter here and on Schedule IV, Line 2.					.000000
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	
1. Inventories of raw material, work in process, finished goods	0	0	0	0	
2. Buildings and other depreciable assets	0	0	0	0	
3. Land owned	0	0	0	0	
4. Other tangible and intangible (financial org. only) assets (attach schedule)	0	0	0	0	
5. Total (Lines 1 through 4)	0	0	0	0	
6. Average value of property [add Line 5, Columns (a) and (b) and divide by 2 (for within Florida and total everywhere)]					
			0	0	
7. Rented property (8 times net annual rent)					
			0	0	
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A. Column (a) and (b)					
			0	0	
	Average Florida		Average Everywhere		
III-C Sales Factor	TOTAL WITHIN FLORIDA (Omit cents)		TOTAL EVERYWHERE (Omit cents)		
1. Sales (gross receipts)			0		
2. Sales delivered or shipped to Florida purchasers			0		
3. Other gross receipts (rents, royalties, interest, etc. when applicable)			0		
4. TOTAL SALES [Enter on Schedule III-A, Line 3, Columns (a) and (b)]			0		
III-D Special Apportionment Fractions (see instructions)	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction [(a) ÷ (b)] Rounded to Six Decimals Places		
1. Insurance companies (attach copy of Schedule T-Annual Report)			.000000		
2. Transportation services			.000000		

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NAME The Village Shoppe & Apothecary, Inc FEIN 20-5607322 TAXABLE YEAR ENDING 12/31/2006

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 Col. (b)]	1. 0	1. 0
2. Florida apportionment fraction [Schedule III-A, Line 4 or Schedule III-D, Column (c)]	2. .000000	2. .000000
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3. 0	3. 0
4. Net operating loss and/or other carryover apportioned to Florida (attach statement; see instructions)	4. 0	4. 0
5. Adjusted federal income apportioned to Florida (Line 3 less Line 4; see instructions)	5. 0	5. 0

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. 0
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Form F-1158Z attached)	5. 0
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. 0
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. 0

Schedule VI — Computation of Florida Alternative Minimum Tax (AMT)

1. Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1. 0
2. State income taxes deducted in computing federal taxable income (attach schedule)	2. 0
3. Additions to federal taxable income [from Schedule I, Column (b)]	3. 0
4. Total of Lines 1 through 3	4. 0
5. Subtractions from federal taxable income [from Schedule II, Column (b)]	5. 0
6. Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6. 0
7. Florida portion of adjusted federal income (see instructions)	7. 0
8. Nonbusiness income allocated to Florida (see instructions)	8. 0
9. Florida exemption	9. 0
10. Florida net income (Line 7 plus Line 8 minus Line 9)	10. 0
11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11. 0



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NAME The Village Shoppe & Apothecary, Inc FEIN 20-5607322 TAXABLE YEAR ENDING 12/31/2006

Schedule R — Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

Type	Amount
Total allocated to Florida	1. <u>0</u>

(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.	<u>0</u>

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2	3.	<u>0</u>
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(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 on page 16 of F-1120N)	2.	\$	
3. Estimated Florida net income (Line 1 less Line 2)	3.	\$	<u>0</u>
4. Total Estimated Florida tax (5.5% of Line 3)*		\$	<u>0</u>
Less: Credits against the tax	4.	\$	<u>0</u>

* 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.	\$	<u>0</u>

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	1st day of 5th month - Enter 0.25 of Line 6	7a.	<u>0</u>
payment amounts:	1st day of 7th month - Enter 0.25 of Line 6	7b.	<u>0</u>
	1st day of 10th month - Enter 0.25 of Line 6	7c.	<u>0</u>
	1st day after close of fiscal year - Enter 0.25 of Line 6	7d.	<u>0</u>

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 2(a) and 2(b)	2c.	\$	<u>0</u>
3. Unpaid balance (Line 1 less Line 2(c))	3.	\$	<u>0</u>
4. Amount to be paid (Line 3 divided by number of remaining installments)	4.	\$	