


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000055307

1. Entity Name
VETITOE VINYL SIDING, INC.



Principal Place of Business
9924 AILERON AVENUE
PENSACOLA, FL 32506-9507

Mailing Address
9924 AILERON AVENUE
PENSACOLA, FL 32506-9507

DO NOT WRITE IN THIS SPACE



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3653243

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

VETITOE, ROBERT J
9924 AILERON AVENUE
PENSACOLA, FL 32506-9507

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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, 2004 Fee will be \$550.00

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

U00000043527
 02/10/04-80068-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VETITOE, ROBERT J 9924 AILERON AVENUE PENSACOLA, FL 325069507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VETITOE, BOBBY K JR 9924 AILERON AVENUE PENSACOLA, FL 325069507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VETITOE, LUCUS L 9924 AILERON AVENUE PENSACOLA, FL 325069507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: R. K. J. Pres. 2-5-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #