


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000055307		
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		
6. Name and Address of Current Registered Agent VETITOE, ROBERT J 9924 AILERON AVENUE PENSACOLA, FL 32506-9507		DO NOT WRITE IN THIS SPACE
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 (NOTE: Registered Agent signature required when reinstating)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VETITOE, ROBERT J 9924 AILERON AVENUE PENSACOLA, FL 325069507	DO NOT WRITE IN THIS SPACE
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 MOORE, WILLIAM C III 9924 AILERON AVENUE PENSACOLA, FL 325069507	
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)(i), 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: <i>P. Vetitoe</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4-13-05</i> <small>Date</small> Daytime Phone # _____ <small>Daytime Phone #</small>



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3653243	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

U00000325572
04/23/05-80021-020 150.00