


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000055307 1. Entity Name VETITOE VINYL SIDING, INC.	
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Principal Place of Business 9924 AILERON AVENUE PENSACOLA, FL 32506-9507	Mailing Address 9924 AILERON AVENUE PENSACOLA, FL 32506-9507
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05072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3653243	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VETITOE, ROBERT J 9924 AILERON AVENUE PENSACOLA, FL 32506-9507	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and fee if applicable

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

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 MOORE, WILLIAM C III 9924 AILERON AVENUE PENSACOLA, FL 325069507
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06/03/08-80064-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #