

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000141057

1. Entity Name  
VINYL REPLACEMENT, INC.



Principal Place of Business  
1631 51ST STREET S  
GULFPORT, FL 33707

Mailing Address  
10707 66TH ST  
SUITE 10  
PINELLAS PARK, FL 33782

2. Principal Place of Business  
1700 Winchester Rd N  
Suite, Apt. #, etc.

3. Mailing Address  
1700 Winchester Rd  
Suite, Apt. #, etc.

City & State  
St. Petersburg FL

City & State  
St. Petersburg FL

Zip  
33710

Country  
US

Zip  
33710

Country  
US



4. FEI Number  
20-0429611

Applied For  
☒ Not Applicable

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

## 6. Name and Address of Current Registered Agent

THOMAS TITO, PA  
10707 66TH ST  
SUITE 10  
PINELLAS PARK, FL 33782

## 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$300.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HAGGERTY, MICHAEL C	
STREET ADDRESS	1700 WINCHESTER RD N	
CITY-ST-ZIP	ST PETERSBURG, FL 33710	
TITLE	SECRETARY TREASURER	<input type="checkbox"/> Delete
NAME	HAGGERTY, AGNES J	
STREET ADDRESS	1700 WINCHESTER RD N	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
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
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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 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: Michael C. Haggerty PRESIDENT 4/13/05 Reg-347-7597  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone (225) 458-7598