

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90085 044 \*\*\*150.00

**DOCUMENT # P95000009870**

1. Entity Name  
**VIBBER VINYL, INC.**



40002330

Principal Place of Business  
P.O. BOX 431  
LADY LAKE, FL 32158

Mailing Address  
206 N 3RD ST.  
LEESBURG, FL 34748

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01102008 Chg-P CR2E034 (12/06)

City & State  
Zip Country

4. FEI Number  
**59-3294707**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**VIBBER, SALLY S**  
**206 N 3RD STREET**  
**LEESBURG, FL 34748**

**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 \$150.00**  
**After May 1, 2008 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	VIBBER, SALLY S	
STREET ADDRESS	PO BOX 431	
CITY-ST-ZIP	LADY LAKE, FL 32158	
TITLE	V	<input type="checkbox"/> Delete
NAME	VIBBER, STEVEN N	
STREET ADDRESS	PO BOX 431	
CITY-ST-ZIP	LADY LAKE, FL 32158	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VIBBER, WILLIAM J	
STREET ADDRESS	PO BOX 431	
CITY-ST-ZIP	LADY LAKE, FL 32158	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JANS, RICHARD C	
STREET ADDRESS	PO BOX 1070	
CITY-ST-ZIP	TAVARES, FL 32778	
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 empowered.

**SIGNATURE:** Sally S. Vibber Sally S. Vibber President 1-10-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #