


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90003 018 ***150.00

DOCUMENT # F03000002479					
1. Entity Name WIEGOLD & SONS, INC.					
Principal Place of Business C/O AIRTON, INC. 7813 N. DIXIE DR. DAYTON, OH 45414			Mailing Address C/O AIRTON, INC. 7813 N. DIXIE DR. DAYTON, OH 45414		
2. Principal Place of Business <i>Residential Services Group Inc.</i> Suite, Apt. #, etc. 7813 N. Dixie Dr. City & State Dayton OH Zip 45414		3. Mailing Address <i>Residential Services Group, Inc.</i> Suite, Apt. #, etc. 7813 N. Dixie Dr. City & State Dayton, OH Zip 45414		54059883 	
4. FEI Number 13-4248609		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07012004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E PARK AVE TALLAHASSEE, FL 32301			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STANTON, CARL 3910 PARK AVE NEW YORK, NY 10022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Scott Boase 7813 N. Dixie Dr Dayton, OH 45414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CASCADE, JOSHUA 3910 PARK AVE NEW YORK, NY 10022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Victor Raqucci 7813 N. Dixie Dr. Dayton OH 45414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALZER, ERIC 7813 N DIXIE DR DAYTON, OH 45414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST JOHNSTON, TIMOTHY 7813 N DIXIE DR DAYTON, OH 45414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date 7-1-04 Daytime Phone # _____		