

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2006 8:00 am
Secretary of State

08-01-2006 90001 044 ***550.00

DOCUMENT # F03000002479 1. Entity Name WIEGOLD & SONS, INC.					
Principal Place of Business PRESIDENTIAL SERVICES GROUP, INC. 7813 N. DIXIE DR. DAYTON, OH 45414				Mailing Address PRESIDENTIAL SERVICES GROUP, INC. 7813 N. DIXIE DR. DAYTON, OH 45414	
2. Principal Place of Business RESIDENTIAL SERVICES GROUP, INC. Suite, Apt. #, etc. 7813 N. DIXIE DR.		3. Mailing Address RESIDENTIAL SERVICES GROUP, INC. Suite, Apt. #, etc. 7813 N. DIXIE DR.			
City & State DAYTON, OH		City & State DAYTON, OH		4. FEI Number 13-4248609	
Zip 45414		Zip 45414		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				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 \$550.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD HEDB-PETH, LOIS 263 TRESSER BLVD. 8TH FLOOR STAMFORD, CT 06901	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KING, DERICK 25 SHEPARD AVE. WEST SUITE 15001 TORONTO, ON m2n6s6	<input checked="" type="checkbox"/> Delete			
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	VPST JOHNSTON, TIMOTHY 7813 N DIXIE DR DAYTON, OH 45414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOOSE, SCOTT 7813 N DIXIE DR DAYTON, OH 45414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAQUCCI, VICTOR 7813 N DIXIE DR DAYTON, OH 45414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JAMES SEELY 7813 N. DIXIE DR DAYTON, OH 45414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: _____ 7/26/06 937 898-0824 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					