
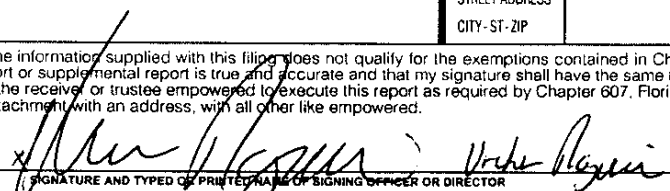


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90007 027 \*\*\*150.00

<b>DOCUMENT # F03000002479</b> 1. Entity Name <b>WIEGOLD &amp; SONS, INC.</b>					
Principal Place of Business <b>PRESIDENTIAL SERVICES GROUP, INC.</b> <b>7813 N. DIXIE DR.</b> <b>DAYTON, OH 45414</b>			Mailing Address <b>PRESIDENTIAL SERVICES GROUP, INC.</b> <b>7813 N. DIXIE DR.</b> <b>DAYTON, OH 45414</b>		
2. Principal Place of Business - No P.O. Box # <i>Residential Services Group, Inc</i> Suite, Apt. #, etc.		3. Mailing Address <i>Residential Services Group, Inc</i> Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>13-4248609</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> <b>NRAI SERVICES, INC.</b> <b>2731 EXECUTIVE PARK DRIVE</b> <b>SUITE 4</b> <b>WESTON, FL 33331</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SEELY, JAMEY 12 GREENWAY PLAZA, SUITE 600 HOUSTON, TX 77046	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SALZER, ERIC 7813 N DIXIE DR DAYTON, OH 45414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KING, DERYK 25 SHEPPARD AVENUE WEST, STE 1500 TORONTO, ON M2N 6S6	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BOOSE, SCOTT 7813 N DIXIE DR DAYTON, OH 45414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RAQUCCI, VICTOR 7813 N DIXIE DR DAYTON, OH 45414	<input type="checkbox"/> Delete			
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 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.					
<b>SIGNATURE:</b>  <b>3/12/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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