

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90740 041 \*\*\*150.00

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04232004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F96000001066</b>					
1. Entity Name <b>RESIDENTIAL CONSTRUCTION SPECIALITIES, INC.</b>					
Principal Place of Business <b>8585 DUKE BLVD MASON, OH 45040</b>			Mailing Address <b>8585 DUKE BLVD MASON, OH 45040</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>58-2134021</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 _____ <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 After May 1, 2004 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>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWAEMMLE, JOHN R		NAME		
STREET ADDRESS	8585 DUKE BLVD		STREET ADDRESS		
CITY-ST-ZIP	MASON, OH 45040		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOPEZ, DAVID B		NAME	David E. Troller	
STREET ADDRESS	8585 DUKE BLVD		STREET ADDRESS		
CITY-ST-ZIP	MASON, OH 45040		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALEMIAN, ROBERT		NAME		
STREET ADDRESS	8585 DUKE BLVD		STREET ADDRESS		
CITY-ST-ZIP	MASON, OH 45040		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, FRANKLIN H JR		NAME		
STREET ADDRESS	8585 DUKE BLVD		STREET ADDRESS		
CITY-ST-ZIP	MASON, OH 45040		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAGNER, BILL		NAME		
STREET ADDRESS	8585 DUKE BLVD		STREET ADDRESS		
CITY-ST-ZIP	MASON, OH 45040		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIBBONS, THOMAS D		NAME		
STREET ADDRESS	8585 DUKE BLVD		STREET ADDRESS		
CITY-ST-ZIP	MASON, OH 45040		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 life empowered.					
SIGNATURE: _____			4-28-04 513-770-4800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		