## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000001066

Entity Name: RESIDENTIAL CONSTRUCTION SPECIALITIES, INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
8585 DUKI MASON, C					
Current Mailing Address:			New Maili	New Mailing Address:	
8585 DUKI MASON, C					
FEI Number: 58-2134021 FEI Number Applied For ( )		FEI Number Not Applicable ( ) Certificate of Status Desired ( )			
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
1200 SOU	PORATION SYS TH PINE ISLAN ION, FL 33324	ND ROAD			
	named entity see of Florida.	submits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR					
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	npaign Financing	g Trust Fund Contribution ( ).			
OFFICERS	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () SCHWAEMMLE 8585 DUKE BLY MASON, OH 45	/D	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () TROLLER, DAV 8585 DUKE BLV MASON, OH 45	/D	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () EDELSTEIN, EF 8585 DUKE BLY MASON, OH 45	/D	Title: Name: Address: City-St-Zip:	COO (X) Change ( ) Addition LEPPIEN, RAYMOND 8585 DUKE BLVD MASON, OH 45040	
Title: Name: Address: City-St-Zip:	D () SMITH, FRANKI 8585 DUKE BLY MASON, OH 45	/D	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () WAGNER, BILL 8585 DUKE BLY MASON, OH 45	/D	Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition VONDERHAAR, PATRICK 8585 DUKE BLVD MASON, OH 45040	
	T ()	Delete MAS D	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS D GIBBONS T 04/24/2008