


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # F00000005811 1. Entity Name SELGE CONSTRUCTION CO., INC. |  |
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| Principal Place of Business 2833 S. 11TH ST. NILES, MI 49120 | Mailing Address 2833 S. 11TH ST. NILES, MI 49120 |
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 38-1625197 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent SELGE, MARV JR 8028 TIGER LILY DRIVE NAPLES, FL 34112 |
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IN THIS SPACE**

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 reissuing) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT SELGE, MARVIN L JR 51330 GRAND OAKS COURT GRANGER, IN 465308432 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BOYLES, JAMES 68380 LAZY LANE EDWARDSBURG, MI 49112 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MCINTOSH, JACALYN K 3740 BUFFALO RD. NILES, MI 49120 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/12/04-80099-016 150.00

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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: Jacalyn K. McIntosh Jacalyn K. McIntosh 4/9/04 269-684-0840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #