

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90374 014 \*\*\*150.00

**DOCUMENT # F00000005811**

1. Entity Name

**SELGE CONSTRUCTION CO., INC.**



Principal Place of Business

**2833 S. 11TH ST.  
NILES MI 49120**

Mailing Address

**2833 S. 11TH ST.  
NILES MI 49120**

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

**38-1625197**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SELGE, MARV JR  
8028 TIGER LILY DRIVE  
NAPLES FL 34112**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete  
NAME **SELGE, MARVIN L JR**  
STREET ADDRESS **51330 GRAND OAKS COURT**  
CITY-ST-ZIP **GRANGER IN 46530-8432**

TITLE **V** ☐ Delete  
NAME **BOYLES, JAMES**  
STREET ADDRESS **68380 LAZY LANE**  
CITY-ST-ZIP **EDWARDSBURG MI 49112**

TITLE **S** ☐ Delete  
NAME **MCINTOSH, JACALYN K**  
STREET ADDRESS **3740 BUFFALO RD.**  
CITY-ST-ZIP **NILES MI 49120**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **66032 Blackberry Rd.**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **50670 Carrington Place Court**  
CITY-ST-ZIP **South Bend, IN 46637**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 like empowered.

SIGNATURE:

*Jacalyn K. McIntosh* **Jacalyn K. McIntosh**  
**Secretary**

03/01/05

269-684-0842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #