2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

May 05, 2006 8:00 am Secretary of State DOCUMENT # F00000005811 1. Entity Name 05-05-2006 90156 046 ***150.00 SELGE CONSTRUCTION CO., INC. Principal Place of Business Mailing Address 2833 S. 11TH ST. NILES MI 49120 2833 S. 11TH ST. NILES MI 49120 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 38-1625197 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SELGE, MARV JR. Streel Address (P.O. Box Number is Not Acceptable) SELGE, MARV JR 8028 TIGER LILY DRIVE NAPLES FL 34112 1251 MARLIN COURT Zip Code 3나14E City MARCO ISLAND 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. DPT TITLE ☐ Delete TITLE ☐ Change ☐ Addition SELGE, MARVIN L JR NAME NAME STREET ADDRESS 51330 GRAND OAKS COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **GRANGER IN 46530-8432** Delete TITLE ☐ Change ☐ Addition TITLE NAME BOYLES, JAMES STREET ADDRESS STREET ADDRESS 66082 BLACKBERRY RD EDWARDSBURG MI 49112 CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete ☐ Change ☐ Addition MCINTOSH, JACALYN K NAME STREET ADDRESS STREET ADDRESS 50670 CARRINGTON PL CT CITY-ST-ZIP CITY-ST-ZIP SOUTH BEND IN 46637 ☐ Defete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE BHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

Daytime Phone #