## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F00000005811

1. Entity Name SELGE CONSTRUCTION CO., INC.



**FILED** Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

2833 S. 11TH ST. NILES, MI 49120 Mailing Address

2833 S. 11TH ST. NILES, MI 49120



## DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01072008 No Cha-P

4. FEI Number Applied For 38-1625197 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

SELGE, MARV JR 1251 MARLIN COURT MARCO ISLAND FL 34145

## DO NOT WRITE

WANGE ISLAND, I'L STIFFS			IN THIS SPACE			
	named entity submits this statement for the ptions of registered agent.	ourpose of changing its registe	red office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and	accept
SIGNATURE	Signature, typed or printed name of registered agent and title	fapplicable (NOTE: Registe	ed Agent signature	a required when reinstaling)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5 G	· · ·
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 66082 BLACKBERRY RD EDWARDSBURG, MI 49112					00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCINTOSH, JACALYN K 50670 CARRINGTON PL CT SOUTH BEND, IN 46637		,	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,		THIS SPACE	
TITLE NAME STREET ADDRESS						,

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 attactprept with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP