

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N04000001034

1. Entity Name  
LOISELLE FOUNDATION, INC.



Principal Place of Business  
865 S MAIN STREET  
2  
PLYMOUTH, MI 48170-2085

Mailing Address  
865 S MAIN STREET  
2  
PLYMOUTH, MI 48170-2085

**DO NOT WRITE IN THIS SPACE**



01202006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
20-0707679

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BARBER, CHARLES F  
1550 SOUTH HIGHLAND AVENUE  
SUITE B  
CLEARWATER, FL 33756

**DO NOT WRITE  
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

*Charles F. Barber reg. Agent*

*7-20-06*

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	LOISELLE, LAWRENCE
STREET ADDRESS	6445 WHITBY
CITY-ST-ZIP	GARDEN CITY, MI 48135
TITLE	PSTD
NAME	LOSIELLE, JASON
STREET ADDRESS	865 S MAIN STREET, SUITE 2
CITY-ST-ZIP	PLYMOUTH, MI 481702085
TITLE	D
NAME	LOISELLE, RONALD
STREET ADDRESS	865 MAIN STREET, SUITE 2
CITY-ST-ZIP	PLYMOUTH, MI 481702046
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000404610  
02/07/06-80007-002 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 617, 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:

*Charles F. Barber* (727)  
7-20-06 441-4727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #