

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90105 022 ***150.00

DOCUMENT # P15106

1. Entity Name
ENGELSEN FRAME & MOULDING CO., INC.



Principal Place of Business

**2250 10TH STREET, SE
LARGO, FL 33771 US**

Mailing Address

**48260 FRANK STREET
WIXOM, MI 48393 US**

50049191



02072005 No Chg-P CR2E034 (10/03)

4. FEI Number
38-1918489

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ENGELSEN, NORVAL E.
2250 10TH STREET S.E.
LARGO, FL 33771**

**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 _____

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ENGELSEN, NORVAL E.
STREET ADDRESS 48260 FRANK STREET
CITY-ST-ZIP WIXOM, MI 48393

TITLE TD
NAME ENGELSEN, NORMAN
STREET ADDRESS 24071 DEVONSHIRE
CITY-ST-ZIP NOVI, MI 48374

TITLE SD
NAME ENGELSEN, ELIN
STREET ADDRESS 5400 CULLEN RD
CITY-ST-ZIP FENTON, MI

TITLE VD
NAME ENGELSEN, JUDITH
STREET ADDRESS 48260 FRANK STREET
CITY-ST-ZIP WIXOM, MI 48393

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____