

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

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

**DO NOT WRITE IN THIS SPACE**



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number

38-1918489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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, 2006 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    |                     |

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**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 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 #

ENGELSEN