

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2007 08:00 A**  
**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**



01122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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, 2007 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

U00000762288  
05/29/07-80001-011 150.00

**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 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

**ELIN ENGELSEN**

Date

**4/26/07 248/960/9500**

Daytime Phone #