


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2007 8:00 am
Secretary of State

05-25-2007 90028 004 ***550.00

DOCUMENT # 377427	
1. Entity Name ANDREW J. KELKER, INC.	

Principal Place of Business 10248 N. RANGE LINE ROAD MEQUON, WI 53092 US	Mailing Address 10248 N. RANGE LINE ROAD MEQUON, WI 53092 US
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50001689



01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1552805	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**EAKIN, BETTY RUTH
5443 CRUZ ROAD
JACKSONVILLE, FL 32207**

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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	PD MARCIA A. WILKINSON 10248 RANGE LINE ROAD MEQUON, WI 53092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD EAKIN, BETTY RUTH 5443 CRUZ RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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: *Marcia A. Wilkinson* **5-17-07** **262 512-1573**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #