

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 377427

**FILED**  
**Feb 23, 2009**  
**Secretary of State**

**Entity Name:** ANDREW J. KELKER, INC.

**Current Principal Place of Business:**

10248 N. RANGE LINE ROAD  
MEQUON, WI 53092 US

**New Principal Place of Business:**

2781 KELSEY PLACE  
JACKSONVILLE, FL 32257 US

**Current Mailing Address:**

10248 N. RANGE LINE ROAD  
MEQUON, WI 53092 US

**New Mailing Address:**

2781 KELSEY PLACE  
JACKSONVILLE, FL 32257 US

**FEI Number:** 59-1552805      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARCIA A. WILKINSON,  
Address: 10248 RANGE LINE ROAD  
City-St-Zip: MEQUON, WI 53092

Title: VPD ( ) Delete  
Name: EAKIN, BETTY RUTH  
Address: 5443 CRUZ RD.  
City-St-Zip: JACKSONVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MARCIA A. WILKINSON,  
Address: 2781 KELSEY PLACE  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VPD (X) Change ( ) Addition  
Name: EAKIN, BETTY RUTH  
Address: 5443 CRUZ RD.  
City-St-Zip: JACKSONVILLE, FL 32207 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA A. WILKINSON

PD

02/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date