


2006 FOR PROFIT CORPORATION REINSTATEMENT

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

FILED

06 JUN -8 AM 10: 43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1552805	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



REINSTATEMENT 05-06
65122006 REIN-P CR2008 (11/05)

6. Name and Address of Current Registered Agent EAKIN, BETTY RUTH 5443 CRUZ ROAD JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Betty Ruth Eakin BETTY RUTH EAKIN 5/24/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARCIA A. WILKINSON 10248 RANGE LINE ROAD MEQUON, WI 53092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400076388224 06/20/06--01019--017 **908.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EAKIN, BETTY RUTH 5443 CRUZ RD. JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 6-4-06 262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MARCIA A. WILKINSON

B. Mitchell JUN 13 2006