

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000005324

1. Entity Name
**EDWARDS AND KELCEY ARCHITECTURAL & DESIGN
SERVICES, INC.**



Principal Place of Business
**5730 BOWDEN RD
SUITE 200
JACKSONVILLE, FL 32216**

Mailing Address
**299 MADISON AVENUE
P.O. BOX 1936
MORRISTOWN, NJ 07962-1936**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number **22-3750310** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OSHESKY, JR., GERALD K
% EDWARDS & KELLEY, INC.
2252 KILLEARN BLVD
TALLAHASSEE, FL 33208**

**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, 2004 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 | MCMAHON, KEVIN J |
| STREET ADDRESS | 3 THOMPSON WAY |
| CITY - ST - ZIP | MORRIS PLAINS, NJ |
| TITLE | VD |
| NAME | GARRITY, KENNETH J |
| STREET ADDRESS | 61 HILEY BROOK ROAD |
| CITY - ST - ZIP | STOW, MA |
| TITLE | VD |
| NAME | TANGEL, RICHARD E |
| STREET ADDRESS | FEATHERLEIGH ROAD |
| CITY - ST - ZIP | CONVENT STATION, NJ |
| TITLE | VD |
| NAME | HALLAHAN, RICHARD M |
| STREET ADDRESS | 21 TROUT RUN DRIVE |
| CITY - ST - ZIP | MEDIA, PA |
| TITLE | VD |
| NAME | CASSAVOY, MICHAEL A |
| STREET ADDRESS | 45 OTIS STREET |
| CITY - ST - ZIP | MELROSE, MA |
| TITLE | V |
| NAME | BOUCHARD, PAUL W |
| STREET ADDRESS | 1320 BROOKSIDE LANE |
| CITY - ST - ZIP | NORTHBROOK, IL |

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01/28/04-80041-003 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #