


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90035 001 ***300.00

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 MORRISTOWN, NJ 07962-1936
---	--

2. Principal Place of Business - No P.O. Box # 299 MADISON AVE	3. Mailing Address PO Box 1936
Suite, Apt. #, etc. MORRISTOWN	Suite, Apt. #, etc.
City & State NEW JERSEY	City & State MORRISTOWN NJ
Zip 07962	Country USA

01292008 Chg-P CR2E034 (12/06)

4. FEI Number 22-3750310	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

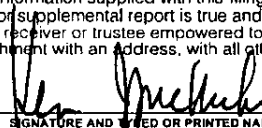
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCMAHON, KEVIN J 3 THOMPSON WAY MORRIS PLAINS, NJ <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	CFO DAVID, THONRHILL 299 MADISON AVENUE MORRISTOWN, NJ 07952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO THOMAS E BARRY 299 MADISON AVE MORRISTOWN, NJ 07962 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PILLA, MARK-J 343 CONGRESS F BOSTON, MA 02210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT RICHARD M. TANCE 299 MADISON AVE MORRISTOWN, NJ 07962 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALLAHAN, RICHARD M 21 TROUT RUN DRIVE MEDIA, PA <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	VD CASSAVOY, MICHAEL A 45 OTIS STREET MELROSE, MA <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	V BOUCHARD, PAUL W 1320 BROOKSIDE LANE NORTHBROOK, IL <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:  **KEVIN J MCMAHON** President 1-2-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #