

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000004338

1. Entity Name
KWS OF PENNSYLVANIA, INC.



Principal Place of Business
**721 DRESHER ROAD, STE. 2500
HORSHAM, PA 19044**

Mailing Address
**721 DRESHER ROAD, STE. 2500
HORSHAM, PA 19044**



DO NOT WRITE IN THIS SPACE

01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
61-1439196

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SYMONS, WILLIAM SCOTT
2565 OCEAN BLVD., APT. 109N
HIGHLAND BEACH, FL 33487**

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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, 2005 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
**P
KELLY, JUDITH
2565 OCEAN BLVD., APT. 207N
HIGHLAND BEACH, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WALDRON, HARRIETTE
410 BOXWOOD ROAD
ROSEMONT, PA 19010**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SYMONS, WILLIAM SCOTT
2565 OCEAN BLVD., APT. 109N
HIGHLAND BEACH, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(i), 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 #