

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 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



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 61-1439196	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	KELLY, JUDITH
STREET ADDRESS	2565 OCEAN BLVD., APT. 207N
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William Scott Symons* William Scott Symons 1-6-2006

Date

Daytime Phone #