


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P37802 1. Entity Name EDWARDS AND KELCEY, INC.	
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Principal Place of Business 299 MADISON AVENUE P.O. BOX 1936 MORRISTOWN, NJ 07962 US	Mailing Address 299 MADISON AVENUE P.O. BOX 1936 MORRISTOWN, NJ 07962 US
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-1623519	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCMAHON, KEVIN 299 MADISON AVE MORRISTOWN, NJ 07962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REFINSKI, ELIZABETH 299 MADISON AVE MORRISTOWN, NJ 07962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARRY, THOMAS E 299 MADISON AVE MORRISTOWN, NJ 07962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP SANDS, ROBERT P 10238 RICH CIRCLE BLOOMINGTON, MN 55437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP HALLAHAN, RICHARD M 21 TROUT RUN DRIVE MEDIA, PA 19063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000054930
02/17/04-80015-022 150.00

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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: <u>THOMAS E BARRY</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>2/16/04</u> Daytime Phone #: <u>(973) 267-0000</u>
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