

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P37802

1. Entity Name
EDWARDS AND KELCEY, INC.



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



03112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-1623519

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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**

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 C
NAME MCMAHON, KEVIN
STREET ADDRESS 299 MADISON AVE
CITY-ST-ZIP MORRISTOWN, NJ 07962

TITLE P
NAME REFINSKI, ELIZABETH
STREET ADDRESS 299 MADISON AVE
CITY-ST-ZIP MORRISTOWN, NJ 07962

TITLE T
NAME BARRY, THOMAS E
STREET ADDRESS 299 MADISON AVE
CITY-ST-ZIP MORRISTOWN, NJ 07962

TITLE SRVP
NAME SANDS, ROBERT P
STREET ADDRESS 10238 RICH CIRCLE
CITY-ST-ZIP BLOOMINGTON, MN 55437

TITLE SRVP
NAME HALLAHAN, RICHARD M
STREET ADDRESS 21 TROUT RUN DRIVE
CITY-ST-ZIP MEDIA, PA 19063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000276728
03/25/05-80050-024 150.00

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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 #