


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90034 023 ***150.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	C MCMAHON, KEVIN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	299 MADISON AVE		NAME		
STREET ADDRESS	MORRISTOWN, NJ 07962		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P REFINSKI, ELIZABETH <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	299 MADISON AVE		NAME		
STREET ADDRESS	MORRISTOWN, NJ 07962		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T BARRY, THOMAS E <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	299 MADISON AVE		NAME		
STREET ADDRESS	MORRISTOWN, NJ 07962		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SRVP SANDS, ROBERT P <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	10238 RICH CIRCLE		NAME	MARK J PILLA	
STREET ADDRESS	BLOOMINGTON, MN 55437		STREET ADDRESS	343 CONGRESS ST	
CITY-ST-ZIP			CITY-ST-ZIP	BOSTON, MASS 02310	
TITLE	SRVP HALLAHAN, RICHARD M <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	21 TROUT RUN DRIVE		NAME		
STREET ADDRESS	MEDIA, PA 19063		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Thane Bay</u> CFO 2/10/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <small>Daytime Phone #</small>					