


**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      Mailing Address

299 MADISON AVENUE      299 MADISON AVENUE  
P.O. BOX 1936      P.O. BOX 1936  
MORRISTOWN, NJ 07962 US      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

QUOTA



02062006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For

**22-1623519**      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

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	C	<input type="checkbox"/> Delete
NAME	MCMAHON, KEVIN	
STREET ADDRESS	299 MADISON AVE	
CITY-ST-ZIP	MORRISTOWN, NJ 07962	
TITLE	P	<input type="checkbox"/> Delete
NAME	REFINSKI, ELIZABETH	
STREET ADDRESS	299 MADISON AVE	
CITY-ST-ZIP	MORRISTOWN, NJ 07962	
TITLE	T	<input type="checkbox"/> Delete
NAME	BARRY, THOMAS E	
STREET ADDRESS	299 MADISON AVE	
CITY-ST-ZIP	MORRISTOWN, NJ 07962	
TITLE	SRVP	<input checked="" type="checkbox"/> Delete
NAME	SANDS, ROBERT P	
STREET ADDRESS	10238 RICH CIRCLE	
CITY-ST-ZIP	BLOOMINGTON, MN 55437	
TITLE	SRVP	<input type="checkbox"/> Delete
NAME	HALLAHAN, RICHARD M	
STREET ADDRESS	21 TROUT RUN DRIVE	
CITY-ST-ZIP	MEDIA, PA 19063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK J PILLA	
STREET ADDRESS	343 CONGRESS ST	
CITY-ST-ZIP	BOSTON, MASS 02310	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Thomas Barry      CFO      Date: 2/10/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #