

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 697255

1. Entity Name
YORK HOUSE FINANCIAL SERVICES, INC.



Principal Place of Business
**401 COOPER LANDING RD.
C-18
CHERRY HILL, NJ 08002**

Mailing Address
**401 COOPER LANDING RD.
C-18
CHERRY HILL, NJ 08002**



04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2147265

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GORDON, ROBIN
2461 NE 201 STREET
N. MIAMI BEACH, FL 33180**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000753339
05/22/07-80016-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	SAWICKI, GLENN
STREET ADDRESS	333 FREY DRIVE
CITY-ST-ZIP	WEXFORD, PA 15090
TITLE	P
NAME	ALTMAN, JEFF
STREET ADDRESS	11 GROSVENOR LODGE, 94GROSVENOR RD.
CITY-ST-ZIP	LONDON UK, sw1v 3ff
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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

4/27/07

Date

856-779-8990

Daytime Phone #