

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004853

FILED  
Feb 21, 2007  
Secretary of State

Entity Name: YORK MANAGEMENT & RESEARCH, INC.

## Current Principal Place of Business:

1061 EAST INDIANTOWN ROAD  
REYNOLDS PLAZA, STE 200  
JUPITER, FL 33477

## New Principal Place of Business:

## Current Mailing Address:

1061 EAST INDIANTOWN ROAD  
REYNOLDS PLAZA, STE 200  
JUPITER, FL 33477

## New Mailing Address:

FEI Number: 22-2229833      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NICHOLSON, DAVID J  
1061 E INDIANTOWN RD  
SUITE 200  
JUPITER, FL 33477 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPT ( ) Delete  
Name: LABANZ, LEEANNE S  
Address: 119 SARDINIA CIRCLE  
City-St-Zip: JUPITER, FL 33458

Title: PS ( ) Delete  
Name: NICHOLSON, DAVID J  
Address: 1061 E INDIANTOWN RD, SUITE 200  
City-St-Zip: JUPITER, FL 33477

Title: DIR ( ) Delete  
Name: NICHOLSON, CHARLOTTE LYNN  
Address: 3400 BARROW ISLAND ROAD  
City-St-Zip: JUPITER, FL 33477

Title: DIR ( ) Delete  
Name: ESPUGA, KERRIE J  
Address: 20 BROOKDALE ROAD  
City-St-Zip: CRANFORD, NJ 07016

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEEANNE S. LABANZ

VP

02/21/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date