2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 07, 2008 8:00 am
Secretary of State
01-07-2008 90040 026 ***158.75

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1. Entity Name
YORK MANAGEMENT & RESEARCH, INC.

Principal Place of Business	Mailing Address
1061 EAST INDIANTOWN ROAD REYNOLDS PLAZA, STE 200 JUPITER, FL 33477	1061 EAST INDIANTOWN ROAD REYNOLDS PLAZA, STE 200 JUPITER, FL 33477

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4600 MILITARY TRAIL	4600 MILITARY TRL
Suite, Apt. #, etc. SUITE 222	Suite, Apt. #, etc. SUITE 222
City & State JUPITER, FL	City & State JUPITER, FL
Zip 33458 Country U.S.A	Zip 33458 Country U.S.A

01022008 Chg-P CR2E034 (12/06)

4. FEI Number
22-2229833
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name LEEANNE S, LABANZ

Street Address (P.O. Box Number is Not Acceptable)
4600 MILITARY TRAIL, STE 222

City JUPITER FL Zip Code 33458

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 LEEANNE LABANZ. 1/2/08
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT LABANZ, LEEANNE S 119 SARDINIA CIRCLE JUPITER, FL 33458	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR VPT LABANZ, LEEANNE S 4600 MILITARY TRAIL, STE 222 JUPITER, FL 33458	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS NICHOLSON, DAVID J 1061 E INDIANTOWN RD, SUITE 200 JUPITER, FL 33477	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS NICHOLSON, DAVID J 4600 MILITARY TRL, STE 222 JUPITER, FL 33458	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR NICHOLSON, CHARLOTTE LYNN 3400 BARROW ISLAND ROAD JUPITER, FL 33477	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR ESPUGA, KERRIE J 20 BROOKDALE ROAD CRANFORD, NJ 07016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: DAVID J. NICHOLSON PRESIDENT 1/2/08 561.296.7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #