

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004853

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: YORK MANAGEMENT & RESEARCH, INC.

## Current Principal Place of Business:

4600 MILITARY TRL STE 222  
JUPITER, FL 33458

## New Principal Place of Business:

## Current Mailing Address:

4600 MILITARY TRL STE 222  
JUPITER, FL 33458

## New Mailing Address:

FEI Number: 22-2229833

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LABANE, LEEANNE S  
4600 MILITARY TRL STE 222  
JUPITER, FL 33458 US

## Name and Address of New Registered Agent:

LABANZ, LEEANNE S  
4600 MILITARY TRL STE 222  
JUPITER, FL 33458 US

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: LEEANNE S LABANZ

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVPT ( ) Delete  
Name: LABANZ, LEEANNE S  
Address: 4600 MILITARY TRL STE 222  
City-St-Zip: JUPITER, FL 33458

Title: PS ( ) Delete  
Name: NICHOLSON, DAVID J  
Address: 4600 MILITARY TRL STE 222  
City-St-Zip: JUPITER, FL 33458

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 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

DVPT

04/15/2009

Electronic Signature of Signing Officer or Director

Date