

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J48339

**FILED**  
**Mar 17, 2009**  
**Secretary of State**

**Entity Name:** YORK BRIDGE CONCEPTS, INC.

**Current Principal Place of Business:**

1419 W WATERS  
STE 116  
TAMPA, FL 33604 US

**New Principal Place of Business:**

2420 BRUNELLO TRACE  
LUTZ, FL 33558 US

**Current Mailing Address:**

1419 W WATERS  
STE 116  
TAMPA, FL 33604 US

**New Mailing Address:**

2420 BRUNELLO TRACE  
LUTZ, FL 33558 US

FEI Number: 59-2830154

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

YORK, JAMES  
1419 W WATERS AVE STE 116  
TAMPA, FL 33604 US

**Name and Address of New Registered Agent:**

YORK, JAMES  
2420 BRUNELLO TRACE  
LUTZ, FL 33558 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: \_\_\_\_\_

03/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: YORK, JAMES,  
Address: 1419 W WATRS AVE STE 116  
City-St-Zip: TAMPA, FL 33604

Title: SECR ( ) Delete  
Name: LUEDDE, YOLANDA  
Address: 1419 W. WATERS AVE, STE 116  
City-St-Zip: TAMPA, FL 33604

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition  
Name: YORK, JAMES,  
Address: 2420 BRUNELLO TRACE  
City-St-Zip: LUTZ, FL 33558

Title: SECR (X) Change ( ) Addition  
Name: LUEDDE, YOLANDA  
Address: 2420 BRUNELLO TRACE  
City-St-Zip: LUTZ, FL 33558

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: YOLANDA LUEDDE

SECR

03/17/2009

Electronic Signature of Signing Officer or Director

Date