

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90076 044 ***158.75

DOCUMENT # S19940 1. Entity Name YORKRIDGE PROPERTIES, INC.					
Principal Place of Business 6827 N. ORANGE BLOSSOM STE 5 ORLANDO, FL 32860			Mailing Address 505 SOUTH FLAGLER DRIVE SUITE 1330 WEST PALM BEACH, FL 33401		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent DEMPSEY, W. GLENN 505 SOUTH FLAGLER DR. SUITE 1330 W. PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 59-2470885	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent's signature required when transferring) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DP DEMPSEY, W. GLENN 505 S FLAGLER DR STE 1330 W. PALM BEACH, FL 33401	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HENDERSON, JAMES 6827 N ORANGE BLOSSOM TRAIL STE 2 ORLANDO, FL 32860	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hayward, Andy 6827 N Orange Blossom Trail Ste 2 Orlando, FL 32860	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Russ Swanson 11101 So. Crown Way #8 Wellington, FL 33414	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lou Dobon 5505 Johns Road Suite 702 Tampa, FL 33634	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jim Lawson Jim Lawson 2589 Oscar Johnson Dr. No.	☐ Change ☒ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 or other like empowered.					
SIGNATURE: _____ James Henderson <i>2/22/06</i> 407-367-3209 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					