


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90008 039 \*\*\*158.75

<b>DOCUMENT # S19940</b>	
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 P.O BOX 609521 SUITE 1330 ORLANDO, FL 32860-9521 WEST PALM BEACH, FL 33401
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**DO NOT WRITE IN THIS SPACE**

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2470885	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DEMPSEY, W. GLENN  
505 SOUTH FLAGLER DR.  
SUITE 1330  
W. PALM BEACH, FL 33401

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HENDERSON, JAMES 6827 N ORANGE BLOSSOM TRAIL STE 2 ORLANDO, FL 32860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAYWARD, ANDY 6827 N ORANGE BLOSSOM TRL STE 2 ORLANDO, FL 32860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWANSON, RUSS 11101 S CROWN WAY 8 WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOBON, LOU 5505 JOHNS RD STE 702 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAWSON, JIM 2589 OSCAR JOHNSON DR N NORTH CHARLESTON, SC 29405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_ **2/6/08** **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR