

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S19940

FILED
Jan 08, 2009
Secretary of State

Entity Name: YORKRIDGE PROPERTIES, INC.

Current Principal Place of Business:

6827 N. ORANGE BLOSSOM
STE 5
ORLANDO, FL 32860

New Principal Place of Business:

6827 N. ORANGE BLOSSOM
STE 5
ORLANDO, FL 32860

Current Mailing Address:

505 SOUTH FLAGLER DRIVE
SUITE 1330
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-2470885 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: HENDERSON, JAMES
Address: 6827 N ORANGE BLOSSOM TRAIL STE 2
City-St-Zip: ORLANDO, FL 32860

Title: T () Delete
Name: HAYWARD, ANDY
Address: 6827 N ORANGE BLOSSOM TRL STE 2
City-St-Zip: ORLANDO, FL 32860

Title: VP () Delete
Name: SWANSON, RUSS
Address: 11101 S CROWN WAY 8
City-St-Zip: WEST PALM BEACH, FL 33414

Title: VP () Delete
Name: DOBON, LOU
Address: 5505 JOHNS RD STE 702
City-St-Zip: TAMPA, FL 33634

Title: VP () Delete
Name: LAWSON, JIM
Address: 2589 OSCAR JOHNSON DR N
City-St-Zip: NORTH CHARLESTON, SC 29405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SWANSON, RUSS
Address: 1201 AMERICAN PACIFIC DRIVE, SUITE G
City-St-Zip: HENDERSON, NV 89704

Title: VP (X) Change () Addition
Name: DOBON, LOU
Address: 4909 W. KNOLLWOOD STREET
City-St-Zip: TAMPA, FL 33634

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: JAMES HENDERSON

DPS

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date