


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90214 037 ***158.75

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1. Entity Name
EURO RIDGE CROSSINGS, INC.



Principal Place of Business
**4300 W. CYPRESS ST., SUITE 1075
 TAMPA, FL 33607**

Mailing Address
**4300 W. CYPRESS ST., SUITE 1075
 TAMPA, FL 33607**

54039414

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

04162004 Chg-P CR2E034 (10/03)



4. FEI Number
06-1642091

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AMEURCO MANAGEMENT, INC.
 4300 W. CYPRESS ST., SUITE 1075
 TAMPA, FL 33607**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	EV	<input checked="" type="checkbox"/> Delete
NAME	BURDGE, BRUCE D	
STREET ADDRESS	4300 W CYPRESS ST STE 1075	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	P	<input type="checkbox"/> Delete
NAME	BESSEM, HERMAN	
STREET ADDRESS	4300 W CYPRESS ST STE 1075	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BESSEM, HERMAN	
STREET ADDRESS	KONINGINNEGRACHT 7 POSTBUS 16355	
CITY-ST-ZIP	THE NETHERLANDS,	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JAEGER, ROMAIN DE	
STREET ADDRESS	KONINGINNEGRACHT 7 2514 AA DEN HAAG	
CITY-ST-ZIP	THE NETHERLANDS,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	EVP & Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael E. Spiker	
STREET ADDRESS	4300 W. Cypress St., Suite 1075	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Herman Bessem	
STREET ADDRESS	4300 W. Cypress St., Suite 1075	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	VP & Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Romain De Jaeger	
STREET ADDRESS	4300 W. Cypress St., Suite 1075	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael E. Spiker Date: 4/20/04 Daytime Phone #: 813-353-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR