


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 827906
 1. Entity Name
 EDEN PARK MANAGEMENT, INC.



Principal Place of Business Mailing Address
 22 HOLLAND AVE 22 HOLLAND AVE
 ALBANY, NY 12209 ALBANY, NY 12209

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 14-1515566 Not Applicable

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

6. Name and Address of Current Registered Agent

CRARY, LAWRENCE E III
 555 COLORADO AVENUE, STE. 1
 STUART, FL 34994

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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 reinitiating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	V
NAME	MCDONALD, JEFF
STREET ADDRESS	22 HOLLAND AVE
CITY-ST-ZIP	ALBANY, NY
TITLE	PTD
NAME	MENDLESON, ALTON P, JR
STREET ADDRESS	22 HOLLAND AVE
CITY-ST-ZIP	ALBANY, NY
TITLE	CD
NAME	HOFFMAN, SCOTT H
STREET ADDRESS	22 HOLLAND AVE
CITY-ST-ZIP	ALBANY, NY
TITLE	AS
NAME	GLOCK, ROBERT
STREET ADDRESS	22 HOLLAND AVE
CITY-ST-ZIP	ALBANY, NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/13/04-80026-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ALTON MENDLESON JR. ALTON MENDLESON JR. 1/7/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREAS. Date Daytime Phone #