


**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.	
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Principal Place of Business
22 HOLLAND AVE
ALBANY, NY 12209

Mailing Address
22 HOLLAND AVE
ALBANY, NY 12209



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1515566	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinitiating) DATE _____

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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IN THIS SPACE**

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. 1/7/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREAS. Date Daytime Phone #