

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90025 022 ***150.00

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1. Entity Name
EDENTOWN COMPANY, N.V.



Principal Place of Business
110 E HILLCREST STREET
ORLANDO, FL 32801

Mailing Address
110 E HILLCREST ~~RD~~ STREET
ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2023782

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KREUTER, WILLIAM E ESQ
3117 EDGEWATER DR
ORLANDO, FL 32804

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	C
NAME	CRIJNS, S.H.P.
STREET ADDRESS	DE RUYTERKADE 62
CITY-ST-ZIP	CURACAO NETHERLANDS ANTILLES,
TITLE	VC
NAME	ABDELLATIF, K.A.
STREET ADDRESS	DE RUYTERKADE 62
CITY-ST-ZIP	CURACAO NETHERLANDS ANTILLES,
TITLE	DP
NAME	COTTRILL, CHRISTOPHER L
STREET ADDRESS	110 E. HILLCREST ST
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CL COTTRILL

2/24/04

Date

407-843-1681

Daytime Phone #