


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90001 047 \*\*\*150.00

**DOCUMENT # P99000089706**

1. Entity Name  
**CANTERBURY FARMS MANAGEMENT, INC.**



44004309



Principal Place of Business      Mailing Address  
 14220 THORNWOOD TRAIL      14220 THORNWOOD TRAIL  
 HUDSON, FL 34669      HUDSON, FL 34669

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01092004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3601557      Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>SANTANGELO, PETER</b> 14220 THORNWOOD TRAIL HUDSON, FL 34669	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State      Zip Code FL

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPTS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTANGELO, PETER	NAME	
STREET ADDRESS	6221 BAYSIDE DR.	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 346522039	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>ANNIKA SANTANGELO</b>
STREET ADDRESS		STREET ADDRESS	<b>6221 BAYSIDE DR</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34652</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>GARY VOWLES</b>
STREET ADDRESS		STREET ADDRESS	<b>14220 THORNWOOD TRAIL</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>HUDSON, FL 34669</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Peter Santangelo*      Date: 1/19/04      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR