


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000089706
 1. Entity Name
 CANTERBURY FARMS MANAGEMENT, INC.



Principal Place of Business
 14220 THORNWOOD TRAIL
 HUDSON, FL 34669

Mailing Address
 14220 THORNWOOD TRAIL
 HUDSON, FL 34669

DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-3601557

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SANTANGELO, PETER
 14220 THORNWOOD TRAIL
 HUDSON, FL 34669

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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 reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPTS
NAME	SANTANGELO, PETER
STREET ADDRESS	6221 BAYSIDE DR.
CITY-ST-ZIP	NEW PORT RICHEY, FL 346522039
TITLE	V
NAME	SANTANGELO, ANNIKA
STREET ADDRESS	6221 BAYSIDE DR.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	V
NAME	VOWELS, GARY
STREET ADDRESS	14220 THORNWOOD TRL
CITY-ST-ZIP	HUDSON, FL 34669
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____