


**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	

U00000202814  
 01/29/05-80006-003 150.00

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