


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 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



01042006 No Chg-P CRZE034 (11/05)

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**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**U00000523749
05/03/06-80084-025 150.00**

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Date Daytime Phone #