

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M64461**

1. Entity Name  
**CANTERBURY LAKES, INC.**



Principal Place of Business  
**2476 N ESSEX AVE  
HERNANDO, FL 34442 US**

Mailing Address  
**2476 N ESSEX AVE  
HERNANDO, FL 34442 US**



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2863279**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ABEL, ERIC D ESQ  
2476 N ESSEX AVENUE  
HERNANDO, FL 34442**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U000000271362  
03/21/05-80045-005 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TAMPOSI, STEPHEN A. 2476 N ESSEX AVENUE HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PASTOR, JOHN 2476 N ESSEX AVENUE HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NASH, GERALD Q 40 TEMPLE STREET NASHUA, NH 03060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ABEL, ERIC D 2476 N ESSEX AVE HERNANDO, FL 34442
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 19.07(3)(f), 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

**Stephen A. Tamposi 3/18/05 352-746-6060**

Date

Daytime Phone #