

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 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



03142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2863279

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ 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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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04/02/07-80025-001 150.00

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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: Stephen A. Tamposi Stephen A. Tamposi 3/23/07 352-746-6060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #