


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000057874
1. Entity Name
CANTERBURY FARMS WHOLESALE NURSERY, INC.



Principal Place of Business Mailing Address
14220 THORNWOOD TRAIL **14220 THORNWOOD TRAIL**
HUDSON, FL 34669 US **HUDSON, FL 34669 US**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3326563 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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SANTANGELO, PETER
STREET ADDRESS	6221 BAYSIDE DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
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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05/03/06-80116-013 150.00

**DO NOT WRITE
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 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 Overtime Phone #