


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90206 003 ***150.00

DOCUMENT # P04000038991

1. Entity Name
SANCHO TRUCKING, INC.



Principal Place of Business
263 CURTIS AVE
GROVELAND, FL 34736

Mailing Address
263 CURTIS AVE
GROVELAND, FL 34736

DO NOT WRITE IN THIS SPACE

40083161



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3786275	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PERSAD, ST. JOHN S
263 CURTIS AVE
GROVELAND, FL 34736

**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 _____ 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD PERSAD, ST JOHN S 263 CURTIS AVE GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANCHO, SHERMAN 263 CURTIS AVE GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PERSAD, PRABHOUTIE 263 CURTIS AVE GROVELAND, FL 34736
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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 13 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *St John S Persad* ST JOHN PERSAD *04/20/06* 407-294-1643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #