

2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000038991

Entity Name: SANCHO TRUCKING, INC.**Current Principal Place of Business:**15640 COUNTY ROAD 565A
CLERMONT, FL 34711**Current Mailing Address:**15640 COUNTY ROAD 565A
CLERMONT, FL 34711 US**FEI Number:** 04-3786275**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANCHO, SHERMAN
15640 COUNTY ROAD 565A
CLERMONT, FL 34711 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name SANCHO, SHERMAN
Address 15640 COUNTY ROAD 565A
City-State-Zip: CLERMONT FL 34711

Title O
Name CINTRON, CARLOS
Address 15640 COUNTRY ROAD 565A
City-State-Zip: CLERMONT FL 34711

Title O
Name HILTON, CHARLES
Address 15640 COUNTY ROAD 565A
City-State-Zip: CLERMONT FL 34711

Title O
Name WEBB, TONY
Address 15640 COUNTRY ROAD 565A
City-State-Zip: CLERMONT FL 34711

Title O
Name TORRES, JUAN JR.
Address 15640 COUNTY ROAD 565A
City-State-Zip: CLERMONT FL 34711

Title O
Name ALVAREZ, ALEXANDER
Address 15640 COUNTY ROAD 565A
City-State-Zip: CLERMONT FL 34711

Title O
Name CHESTER, DONALD
Address 15640 COUNTY ROAD 565A
City-State-Zip: CLERMONT FL 34711

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHERMAN SANCHO**PRESIDENT****11/10/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date