

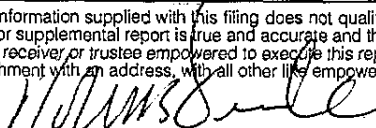


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 287945 1. Entity Name SANCHEZ ROAD INVESTMENT COMPANY		
Principal Place of Business 121 NORTH COLLINS STREET PLANT CITY, FL 33566	Mailing Address 121 NORTH COLLINS STREET PLANT CITY, FL 33566	
DO NOT WRITE IN THIS SPACE		 01052006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-1092834 <div style="float: right; font-size: small;">Applied For Not Applicable</div>
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TRINKLE, ROBERT S. 711 PINEDALE DRIVE PLANT CITY, FL 35566		
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRINKLE, ANN H 121 NORTH COLLINS ST. PLANT CITY, FL 00000,	<div style="font-family: monospace; font-size: small;">U000000379052 01/10/06-80006-014 150.00</div> DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TRINKLE, ROBERT S 121 NORTH COLLINS ST. PLANT CITY, FL 00000,	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST TRINKLE, ANN H 121 NORTH COLLINS ST. PLANT CITY, FL 00000,	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  Robert S. Trinkle 01/05/06 (813) 752-6133 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		