## 2005 FOR PROFIT CORPORATION ANNUAL REPORT\_ **DOCUMENT # P03000120489** 1. Entity Name SANCHEZ ENTERPRISES, INC. Principal Place of Business Mailing Address 15235 BANJO DRIVE 15235 BANJO DRIVE HUDSON, FL 34667 US HUDSON, FL 34667 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

USACCOUNTING OFFICE, INC.

SIGNATURE: \_.

FILED May 02, 2005 08:00 AM Secretary of State



No Chg-P 4. FEI Number 20-0338738

Not Applicable \$8.75 Additional Fee Required

Daytime Phone #

Applied For

CR2E034 (10/03)

5. Certificate of Status Desired

04292005

## DO NOT WRITE

BROOKSVILLE, FL 34601			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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, GORDON 15235 BANJO DRIVE HUDSON, FL 34667				U00000359286 05/04/05-80142-047 <b>8.</b> 75
NAME STREET ADDRESS CITY-ST-ZIP	S SANCHEZ, GORDON 15235 BANJO DRIVE HUDSON, FL 34667				U00000359286 05/04/05-80142-048 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANCHEZ, GORDON 15235 BANJO DRIVE HUDSON, FL 34667		05/04/05-80142-948 150.00 DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANCHEZ II, GORDON 15235 BANJO DRIVE HUDSON, FL 34667				
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 exemption stated in Section 119.07(3)(f), 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 expowered 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.					

D NAME OF SIGNING OFFICER OR DIRECTOR