

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90017 014 ***150.00

DOCUMENT # P06000040036

1. Entity Name

VICTOR M. SANCHEZ, INC.



Principal Place of Business

16261 S.W. MAPLE AVENUE
INDIANTOWN FL 34956

Mailing Address

16261 S.W. MAPLE AVENUE
INDIANTOWN FL 34956



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

16261 SW Maple Ave

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

Indiantown, FL

4. FEI Number

56-2573892

Applied For

Not Applicable

Zip

Country

Zip

Country

34956

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ, VICTOR
16261 S.W. MAPLE AVENUE
INDIANTOWN FL 34956

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Victor M. Sanchez
Signature, typed or printed name of registered agent and title if applicable.

(Victor M. Sanchez, Owner)

4/25/07
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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NAME
STREET ADDRESS
CITY - ST - ZIP
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SANCHEZ, VICTOR
16261 S.W. MAPLE AVENUE
INDIANTOWN FL 34956 ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Victor M. Sanchez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Victor M. Sanchez, Owner) 4/25/07 (772) 597-0592
Date Daytime Phone #