

**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            MOSS, JOHN ED  
Address        15640 COUNTY ROAD 565A  
City-State-Zip: CLERMONT FL 34711

Title            O  
Name            MONSERRATE, JERRY  
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**

**07/25/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date