



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P05000086490	
1. Entity Name C & O SEXTON, INC.	

Principal Place of Business 4611 SW 44TH AVE DANIA BEACH, FL 33314 US	Mailing Address 4611 SW 44TH AVE DANIA BEACH, FL 33314 US
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DO NOT WRITE IN THIS SPACE



03212007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3003721	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**SEXTON, STEVEN
4611 SW 44TH AVE
DANIA BEACH, FL 33314**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

04/25/07-80057-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEXTON, OLGA 4611 SW 44TH AVE DANIA BEACH, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEXTON, STEVEN 4611 SW 44TH AVE DANIA BEACH, FL 33314
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____