2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State
02-12-2004 90025 016 ***150.00

DOCUMENT # 117683

1. Entity Name

SEXTON, INC.

Principal Place of Business	Mailing Address
695 S US HWY #1 P.O. BOX 1208 VERO BCH FL 32962-4508	695 S US HWY #1 P.O. BOX 1208 VERO BCH FL 32962-4508

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0521044 ☐ Applied For ☐ Not Applicable

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
SEXTON, RALPH W 695 S US HWY #1 VERO BCH FL	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SEXTON, CHARLES R 4990 11TH LN VERO BCH, FL ~~00000~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 32966
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST EGAN, J B III 4631 9TH PL VERO BCH, FL ~~00000~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 32966
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DALEY, JACQUELINE S 950 BROADWAY BELMONT, GA ~~00000~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 94002
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRIPSON, BARBARA S 5000 12TH PLACE VERO BCH, FL 00000	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Change ☒ Addition Tripson, John Mark 5020 12th St Vero Beach, FL 32966
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SEXTON, RALPH W RANCH RD VERO BCH, FL ~~00000~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 32966
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: J.B. EGAN III 2-5-04 772-562-4501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #