


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 117683 1. Entity Name SEXTON, INC.	
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Principal Place of Business 695 S US HWY #1 P.O. BOX 1208 VERO BCH, FL 32962-4508	Mailing Address 695 S US HWY #1 P.O. BOX 1208 VERO BCH, FL 32962-4508
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01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0521044	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SEXTON, RALPH W
695 S US HWY #1
VERO BCH, FL

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 _____

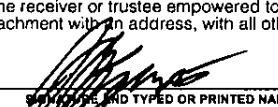
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000585764 01/16/07-80026-007 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEXTON, ROBERT G 695 SOUTH US HWY 1 VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EGAN, J B III 4631 9TH PL VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALEY, JACQUELINE S 950 BROADWAY BELMONT, CA 94002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIPSON, JOHN MARK 5020 12TH ST. VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEXTON, RALPH W RANCH RD VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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:  **J. B. EGAN III** **SEC-TREAS** **1-4-07** **772-364-4201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #