

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 117683

Entity Name: SEXTON, INC.

FILED
Jan 10, 2009
Secretary of State

Current Principal Place of Business:

695 S US HWY #1
P.O. BOX 1208
VERO BCH, FL 329624508

New Principal Place of Business:

695 S US HWY #1
VERO BCH, FL 32962

Current Mailing Address:

695 S US HWY #1
P.O. BOX 1208
VERO BCH, FL 329624508

New Mailing Address:

P O BOX 1208
VERO BCH, FL 32961

FEI Number: 59-0521044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SEXTON, ROBERT G
Address: 695 SOUTH US HWY 1
City-St-Zip: VERO BEACH, FL 32962

Title: ST () Delete
Name: EGAN, J B III,
Address: 4631 9TH PL
City-St-Zip: VERO BEACH, FL 32966

Title: D () Delete
Name: DALEY, JACQUELINE S,
Address: 950 BROADWAY
City-St-Zip: BELMONT, CA 94002

Title: D () Delete
Name: TRIPSON, JOHN MARK
Address: 5020 12TH ST.
City-St-Zip: VERO BEACH, FL 32966

Title: DP () Delete
Name: SEXTON, RALPH W,
Address: RANCH RD
City-St-Zip: VERO BEACH, FL 32966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: J B EGAN, III

ST

01/10/2009

Electronic Signature of Signing Officer or Director

Date