


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 213615**  
 1. Entity Name  
**SEXTON GROVE SERVICE, INC.**



Principal Place of Business  Mailing Address   
**695 S US HWY #1** **695 S US HWY #1**  
**P.O. BOX 1208** **P.O. BOX 1208**  
**VERO BCH, FL 32961** **VERO BCH, FL 32961**

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-0839523** Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**EGAN III, J B**  
**695 S US HWY #1**  
**VERO BCH, FL 32962**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEXTON, CHARLES R 4990 11TH LANE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEXTON, CHARLES R., JR 4650 17TH STREET S.W. VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EGAN, J.B., III 4631 9TH PLACE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/21/05-80030-001 150.00

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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 SECRETARY 1-19-05 772-362-2101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #