


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 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**



01072008      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
59-0839523                      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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SEXTON, CHARLES R., JR
STREET ADDRESS	4650 17TH STREET S.W.
CITY-ST-ZIP	VERO BEACH, FL
TITLE	ST
NAME	EGAN, J.B., III
STREET ADDRESS	4631 9TH PLACE
CITY-ST-ZIP	VERO BEACH, FL
TITLE	VP
NAME	SEXTON, FRANCES G
STREET ADDRESS	4650 17TH STREET SW
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000783864  
01/16/08-80032-006 150.00

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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      Date: 1-8-08      Daytime Phone #: 772-562-4301