



FILED
Jul 20, 2005 8:00 am
Secretary of State

07-05-2005 90221 004 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000062961					
1. Entity Name SEXTON & SCHNOLL, INC.					
Principal Place of Business 4432 NW 23RD AVENUE SUITE 8 GAINESVILLE, FL 32606		Mailing Address 4432 NW 23RD AVENUE SUITE 8 GAINESVILLE, FL 32606			
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 20-1004205 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				06302005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SCHNOLL, MARC M 4432 NW 23RD AVENUE SUITE 8 GAINESVILLE, FL 32606				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SCHNOLL, MARC M 4432 NW 23RD AVENUE, SUITE 8 GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V JOHNSON, RENEE J 4432 NW 23RD AVENUE, SUITE 8 GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		MARC SCHNOLL		6/30/05 352-336-1000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

66024858





July 15, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

REF: P04000062961
2005 Corporation Annual Report
FEI # 20-1004205

This is in response to your letter dated July 7 (attached) in which you request late filing fees of \$400.00. Please be advised that Sexton & Schnoll, Inc. did not receive any notice of this required filing until July, at which time we received your "Notice of Intent to Dissolve."

Since FS 607.196(2)(b) allows for this late fee to be waived in this circumstance, we are requesting that you do so.

Please note that the Federal Employer ID number has been added to the attached report as required.

Sincerely,

A handwritten signature in black ink, appearing to read 'Cecelia Burris', is written over a horizontal line.

Cecelia Burris
SEXTON & SCHNOLL

Attachments: 2005 Return