

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000086490

1. Entity Name
C & O SEXTON, INC.



Principal Place of Business

4611 SW 44TH AVE
DANIA BEACH, FL 33314 US

Mailing Address

4611 SW 44TH AVE
DANIA BEACH, FL 33314 US

FILED
Sep 05, 2008 08:00 AM
Secretary of State



08182008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3003721

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEXTON, STEVEN
4611 SW 44TH AVE
DANIA BEACH, FL 33314

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEXTON, OLGA 4611 SW 44TH AVE DANIA BEACH, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEXTON, STEVEN 4611 SW 44TH AVE DANIA BEACH, FL 33314
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000959114
09/05/08-80003-004 158.75

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/08 (954) 646-9597
Date Daytime Phone #