

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90055 015 \*\*\*150.00

DOCUMENT # P06000027316

1. Entity Name  
SEXTON ENTERPRISES, INC.



Principal Place of Business  
2023 WINDING OAKS DR.  
PALM HARBOR, FL 34683

Mailing Address  
2023 WINDING OAKS DR.  
PALM HARBOR, FL 34683

40041412



2. Principal Place of Business - No P.O. Box #  
901 Lakeview Road  
Suite, Apt. #, etc.

3. Mailing Address  
901 Lakeview Road  
Suite, Apt. #, etc.

02182008 Chg-P CR2E034 (12/06)

City & State  
Clearwater, FL  
Zip 33756 Country U.S.A.

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Clearwater, FL  
Zip 33756 Country U.S.A.

4. FEI Number  
APPLIED FOR  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, STEVEN W.  
8200 BRYAN DAIRY RD., STE. 300  
STEVEN W. MOORE, P.A.  
LARGO, FL 33777

7. Name and Address of New Registered Agent

Name  
James M. Hammond, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
1831 N. Belcher Road, Suite A-1  
City Clearwater FL Zip Code 33765

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 James M. Hammond, Esq.

*James M. Hammond*

3-6-08

Signature, typed or printed name of registered agent and fee applicable.

(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 D  
NAME SEXTON, KEVIN  
STREET ADDRESS 2023 WINDING OAKS DR.  
CITY-ST-ZIP PALM HARBOR, FL 34683 ☐ Delete

TITLE D  
NAME SEXTON, LISA J.  
STREET ADDRESS 2023 WINDING OAKS DR.  
CITY-ST-ZIP PALM HARBOR, FL 34683 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P  
NAME Sexton, Kevin  
STREET ADDRESS 901 Lakeview Road  
CITY-ST-ZIP Clearwater, FL 33756 ☒ Change ☐ Addition

TITLE D/VP/T/S  
NAME Sexton, Lisa J.  
STREET ADDRESS 901 Lakeview Road  
CITY-ST-ZIP Clearwater, FL 33756 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Kevin Sexton, President

*Kevin Sexton*

3-5-2008

727-461-1488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #