2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000075688

1. Entity Name JOSEPH P. SEXTON, INC.



FILED Apr 12, 2007 08:00 AM Secretary of State

Principal Place of Business

1101 E. BROADWAY OVIEDO, FL 32765 · Mailing Address

1101 E. BROADWAY OVIEDO, FL 32765



DO NOT WRITE IN THIS SPACE				03072007 No Chg-P CR2E034 (11/05)				
				4. FEI Number 59-320			Applied For Not Applicable	
				5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current Regis	tered Agent						
SEXTON, JOSEPH P 1101 E. BROADWAY				DO NOT WRITE				
OVIEDO, FL 32765				IN THIS SP/				
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8./ The above	named entity submits this statement for the p	ourpose of changing its register	ed office or reg	sistered agent, or bot	h, in the State of Flo	orida. I am far	niliar with, and accept	
the obligat	ions of registered agent.							
SIGNATURE_								
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	d Agent eigneture re	quired when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees			,	
10.	OFFICERS AND DIREC	CTORE			· · · · · · · · · · · · · · · · · · ·			
TITLE	PRES OFFICERS AND DIREC	, iona	ł					
NAME	SEXTON, JOSEPH P							
STREET ADDRESS	868 SNOW QUEEN							
CITY-SI-ZIP	CHULUOTA, FL 32766							
TITLE	VP "		1		HOC	າດດດາດຂະ	306	
NAME	MARTIN, TONY		l		ก4/วักว	′กั7–ี่คกักั	306 33–014 150.0	
STREET ADDRESS	2709 CANTERCLUB TR			O II LOF	01 0000	on of theory		
CITY-ST-ZIP	APOPKA, FL 32712		1					
TITLE	VP		1					
NAME	DOMKE, ROBERT							
STREET ADDRESS	12975 MALLORY CIR., APT 304	DO NOT WRITE						
City-St-Zip	ORLANDO, FL 32828			DO	IAOI AA			
TITLE '				INI 7	THIS SF			
NAME				114	HIIO OF	MUL		
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CITY-ST-ZIP	ζ							
12. I hereby c	ertify, that the information supplied with this fil	ing does not qualify for the exe	motions conte	ined in Chanter 110	Florida Statutes	further certify	that the information	

indicated on this report or supplied with this filling 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.