


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # V37078</b><br>1. Entity Name<br><b>SEXTON FARMS TRUCKING, INC.</b> |  |
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| Principal Place of Business<br><b>1439 HESTER CHURCH RD.<br/>BAKER, FL 32531</b> | Mailing Address<br><b>PO BOX 69<br/>BAKER, FL 32531</b> |
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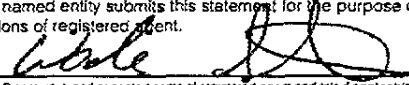
C3002004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number<br><b>59-3128146</b> | Applied For<br><input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
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| 6. Name and Address of Current Registered Agent<br><br><b>SEXTON, KENNETH W<br/>1439 HESTER CHURCH RD.<br/>BAKER, FL 32531</b> |
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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.<br><br>SIGNATURE  DATE <b>3-14-04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering)</small> |
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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PST<br/>SEXTON, KENNETH W<br/>1439 HESTER CHURCH RD.<br/>BAKER, FL 32531</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>SEXTON, WARREN<br/>1439 HESTER CHURCH RD.<br/>BAKER, FL 32531</b>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>SEXTON, BRYAN<br/>1439 HESTER CHURCH RD.<br/>BAKER, FL 32531</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>SEXTON, REBECCA A.<br/>1439 HESTER CHURCH RD.<br/>BAKER, FL 32531</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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03/22/04-80055-012 150.00

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| 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.<br><br>SIGNATURE:  DATE <b>3-14-04</b> 800-932-0786<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |
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