

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90049 044 ***150.00

DOCUMENT # S41254

1. Entity Name

JONFLOR DEVELOPMENTS, INC.



Principal Place of Business

%KEITH ALTIZER AND CO
431 E HORATIO AVE, 300
MAITLAND FL 32751
US

Mailing Address

%KEITH ALTIZER
431 E HORATIO AVE, 300
MAITLAND FL 32751
US

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

59-3057232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEITH ALTIZER AND CO
431 E HORATIO AVE
300
MAITLAND FL 32751

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

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

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DS ☐ Delete
NAME SWIRSKY, JOANNE ELISE
STREET ADDRESS 3292 BAYVIEW AVE, STE 300
CITY-ST-ZIP TORONTO, ONTARIO, CANADA m2-m4j5

TITLE P ☐ Delete
NAME SWIRSKY, ELI
STREET ADDRESS 3292 BAYVIEW AVE, STE 300
CITY-ST-ZIP TORONTO, ONTARIO, CANADA m2-m4j5

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DS ☒ Change ☐ Addition
NAME SWIRSKY, JOANNE ELISE
STREET ADDRESS 17 SPRUCEWOOD DRIVE
CITY-ST-ZIP THORNHILL, ONTARIO, CANADA L3T-2P5

TITLE P ☒ Change ☐ Addition
NAME SWIRSKY, ELI
STREET ADDRESS 4950 YONGE ST., SUITE 1103
CITY-ST-ZIP TORONTO, ONTARIO, CANADA M2N-6K1

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

ELI SWIRSKY JAN 26, 2006 (416) 221-9348

Date

Daytime Phone #