


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90029 030 ***150.00

DOCUMENT # S41254

1. Entity Name
JONFLOR DEVELOPMENTS, INC.



Principal Place of Business Mailing Address

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

50000945



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01112007 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For

59-3057232 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

KIETH ALTIZER AND CO
431 E HORATIO AVE
300
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DS Delete

NAME **SWIRSKY, JOANNE ELISE**

STREET ADDRESS **17 SRUCEWOOD DR**

CITY-ST-ZIP **THORNHILL, ONTARIO, CA L3T-25**

TITLE Change Addition

NAME **SWIRSKY, JOANNE ELISE**

STREET ADDRESS **17 SRUCEWOOD DR**

CITY-ST-ZIP **THORNHILL, ONTARIO, CA L3T-25**

TITLE P Delete

NAME **SWIRSKY, ELI**

STREET ADDRESS **4950 YOUNGE ST SUITE 1103**

CITY-ST-ZIP **TORONTO, ONTARIO, CA M2N-61**

TITLE Change Addition

NAME **SWIRSKY, ELI**

STREET ADDRESS **4950 YOUNGE ST SUITE 1103**

CITY-ST-ZIP **TORONTO, ONTARIO, CA M2N-61**

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

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TITLE Delete

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 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:  **ELI SWIRSKY** **JAN 11, 2007** **416-221-9348**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #