


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90009 035 ***150.00

DOCUMENT # L96514					
1. Entity Name JAXON DEVELOPERS, INC.					
Principal Place of Business 1850 COLWOOD COURT JACKSONVILLE FL 32217			Mailing Address 1850 COLWOOD COURT JACKSONVILLE FL 32217		
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 31-0738726	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIRKIS, LEO I. 1850 COLWOOD COURT JACKSONVILLE FL 32217			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 <i>Leo I. Mirkis</i> LEO I. MIRKIS <i>3/25/04</i> 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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MIRKIS, LEO I.		NAME		
STREET ADDRESS	1850 COLWOOD COURT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32217		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MIRKIS, SHIRLEY P.		NAME		
STREET ADDRESS	1850 COLWOOD COURT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32217		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSENTHAL, HELENE T.		NAME	ROSENTHAL, HELENE T.	
STREET ADDRESS	322 CENTRAL PARK WEST., APT 5-C		STREET ADDRESS	307 W. 80th St.	
CITY-ST-ZIP	NEW YORK NY 10025		CITY-ST-ZIP	NEW YORK, N.Y. 10024.	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MIRKIS, SHERRY L.		NAME		
STREET ADDRESS	2883 BRANNICK PLACE		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA 92122		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <i>Leo I. Mirkis</i> LEO I. MIRKIS <i>3-25-04</i> <i>801-739-3907</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

J4U44000



MOORE CR2E034 (11/03)