


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L96514</b>					
1. Entity Name <b>JAXON DEVELOPERS, INC.</b>					
Principal Place of Business <b>1850 COLWOOD COURT JACKSONVILLE FL 32217</b>			Mailing Address <b>1850 COLWOOD COURT JACKSONVILLE FL 32217</b>		
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 <b>31-0738726</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applied <input type="checkbox"/>	
6. Name and Address of Current Registered Agent <b>MIRKIS, LEO I. 1850 COLWOOD COURT JACKSONVILLE FL 32217</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete			
NAME	MIRKIS, LEO I.				
STREET ADDRESS	1850 COLWOOD COURT				
CITY-ST-ZIP	JACKSONVILLE FL 32217				
TITLE	S	<input type="checkbox"/> Delete			
NAME	MIRKIS, SHIRLEY P.				
STREET ADDRESS	1850 COLWOOD COURT				
CITY-ST-ZIP	JACKSONVILLE FL 32217				
TITLE	T	<input type="checkbox"/> Delete			
NAME	ROSENTHAL, HELENE T.				
STREET ADDRESS	307 W 80TH ST				
CITY-ST-ZIP	NEW YORK NY 10024				
TITLE	V	<input type="checkbox"/> Delete			
NAME	MIRKIS, SHERRY L.				
STREET ADDRESS	2883 BRANNICK PLACE				
CITY-ST-ZIP	SAN DIEGO CA 92122				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>100000497750</b> <b>04/22/06-80067-012 150.00</b>					

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:** *Leo I. Mirkis, PRES.* **4-6-06 904-739-3907**