

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-14-2007 90036 046 ***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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 31-0738726 ☐ Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$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 _____ (NOTE: Registered Agent signature required when changing) Signature, typed or printed name of registered agent and title (if applicable) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIRKIS, LEO I. 1850 COLWOOD COURT JACKSONVILLE FL 32217			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIRKIS, SHIRLEY P. 1850 COLWOOD COURT JACKSONVILLE FL 32217			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSENTHAL, HELENE T. 307 W 80TH ST NEW YORK NY 10024			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIRKIS, SHERRY L. 2883 BRANNICK PLACE SAN DIEGO CA 92122			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition	
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				Date 3/27/07 904-239-387 Daytime Phone #	