


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 A**  
**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>
---	---

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>31-0738726</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MIRKIS, LEO I.  
1850 COLWOOD COURT  
JACKSONVILLE, FL 32217**

**DO NOT WRITE  
IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
---	--	--

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MIRKIS, LEO I.
STREET ADDRESS	1850 COLWOOD COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	S
NAME	MIRKIS, SHIRLEY P.
STREET ADDRESS	1850 COLWOOD COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	T
NAME	ROSENTHAL, HELENE T.
STREET ADDRESS	307 W 80TH ST
CITY-ST-ZIP	NEW YORK, NY 10024
TITLE	V
NAME	MIRKIS, SHERRY L.
STREET ADDRESS	2883 BRANNICK PLACE
CITY-ST-ZIP	SAN DIEGO, CA 92122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000075199  
04/11/08-80023-011 150.00

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 to an address, with all other like empowered.

SIGNATURE: *Leo I. Mirkis* 3/28/08, 904-739-3907  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #