


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000006658 1. Entity Name JERSEY FLORIDA CORP.	
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Principal Place of Business FOUR STAMFORD PLAZA, 15TH FLOOR 107 ELM STREET STAMFORD, CT 06902	Mailing Address FOUR STAMFORD PLAZA, 15TH FLOOR 107 ELM STREET STAMFORD, CT 06902
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DO NOT WRITE IN THIS SPACE



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1566234	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 restoring) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000086352 15/12/04-80120-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRAMER, JOHN P FOUR STAMFORD PLAZA, 15TH FL., 107 ELM ST. STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEE, CLARENCE V III FOUR STAMFORD PLAZA, 15TH FL., 107 ELM ST. STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEA, RICHARD J JR. 100 PEARL STREET, 12TH FLOOR HARTFORD, CT 06103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

691W - 0883 W

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Clarence V. Lee III Clarence V. Lee III 2/23/07 (203)328-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Erp/cfo