

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000008522

Entity Name: JONES INSURANCE GROUP, INC.

FILED
Feb 18, 2004
Secretary of State

Current Principal Place of Business:

12239 SHERIDIAN STREET
COOPER CITY, FL 33026

New Principal Place of Business:

Current Mailing Address:

1176 GINGER CIRCLE
WESTON, FL 33326

New Mailing Address:

FEI Number: 59-3629163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN A. KASBAR & COMPANY, INC.
3880 SHERIDAN STREET
HOLLYWOOD, FL 330213634 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, JEFFREY C
Address: 1176 GINGER CIRCLE
City-St-Zip: WESTON, FL 33326

Title: VP () Delete
Name: JONES, LINDA C
Address: 1176 GINGER CIRCLE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY C. JONES

PRES

02/18/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date