



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90328 032 ***150.00

DOCUMENT # P02000036365					
1. Entity Name THE JONES GROUP, INC.					
Principal Place of Business 10221 EMERALD COAST PARKWAY W. SUITE #12, PALM PLAZA DESTIN, FL 32550			Mailing Address 10859 EMERALD COAST PARKWAY W. #4-430 DESTIN, FL 32550		
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 74-3036167	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JONES, CYNTHIA L 10859 EMERALD COAST PARKWAY W. #4-430 DESTIN, FL 32550				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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	JONES, CYNTHIA L		TITLE	
NAME		3100 MERION DRIVE		NAME	
STREET ADDRESS		DESTIN, FL 32550		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	V	JONES, DENNIS A		TITLE	
NAME		3100 MERION DRIVE		NAME	
STREET ADDRESS		DESTIN, FL 32550		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	V	JONES, CHRISTOPHER R		TITLE	
NAME		1805 BAYTOWNE AVENUE		NAME	
STREET ADDRESS		DESTIN, FL 32550		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE				TITLE	
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STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	

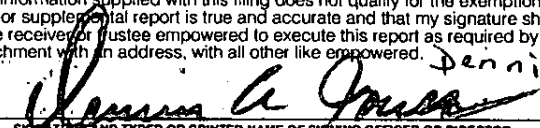
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **Dennis A. Jones** **4-14-05 850-654 0011**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #