

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90077 039 ***150.00

DOCUMENT # P02000036365

1. Entity Name
THE JONES GROUP, INC.



Principal Place of Business
12273 EMERALD COAST PKY
SUITE 201, HOLIDAY PLAZA
DESTIN, FL 32550

Mailing Address
10859 EMERALD COAST PARKWAY W.
#4-430
DESTIN, FL 32550

40072309



DO NOT WRITE IN THIS SPACE

04162007 No Chg-P CR2E034 (11/05)

4. FEI Number
74-3036167

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, CYNTHIA L
10859 EMERALD COAST PARKWAY W.
#4-430
DESTIN, FL 32550

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME JONES, CYNTHIA L
STREET ADDRESS 10859 EMERALD COAST PKWY W. #4-430
CITY-ST-ZIP DESTIN, FL 32550

TITLE V
NAME JONES, DENNIS A
STREET ADDRESS 10859 EMERALD COAST PKWY W. #4-430
CITY-ST-ZIP DESTIN, FL 32550

TITLE V
NAME JONES, CHRISTOPHER R
STREET ADDRESS 10859 EMERALD COAST PKWY W. #4-430
CITY-ST-ZIP DESTIN, FL 32550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher Jones

04/17/07 858-654-0011
Date Daytime Phone #