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2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000036365

1. Entity Name
THE JONES GROUP, INC.

FILED
08 MAY 29 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
12273 EMERALD COAST PKY SUITE 201, HOLIDAY PLAZA DESTIN, FL 32550	10859 EMERALD COAST PARKWAY W. #4-430 DESTIN, FL 32550

DO NOT WRITE IN THIS SPACE

05052008 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(d), F.S., the corporation did not receive the prior notice

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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06/05/08--01006--025 **288.75

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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: Dennis Jones 4/27/08
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date Daytime Phone #