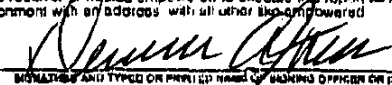


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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
DO NOT WRITE IN THIS SPACE		
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 of applicant (NOTE: Registered Agent signature required when released to)		
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. 807.193(2)(b), F.S., the corporation did not receive the prior notice		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, CYNTHIA L 10859 EMERALD COAST PKWY W. #4-430 DESTIN, FL 32550	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, DENNIS A 10859 EMERALD COAST PKWY W. #4-430 DESTIN, FL 32550	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, CHRISTOPHER R 10859 EMERALD COAST PKWY W. #4-430 DESTIN, FL 32550	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 807, 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:  4/27/08		

FILED

08 MAY 29 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05052008 No Chg-P CR26034 (11/05)

\$75/30

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06/05/08--01006--025 **288.75**DO NOT WRITE
IN THIS SPACE**