

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076804

Entity Name: JG INSURANCE GROUP INC.

FILED  
May 02, 2008  
Secretary of State

**Current Principal Place of Business:**

1350 N ORANGE AVE  
SUITE 228  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

5049 MYRTLE BAY DRIVE  
ORLANDO, FL 32829

**New Mailing Address:**

1350 N ORANGE AVE  
SUITE 228  
WINTER PARK, FL 32789

FEI Number: 20-2898410

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARCIA, CARMEN J  
5049 MYRTLE BAY DRIVE  
ORLANDO, FL 32829 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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GARCIA, CARMEN J  
Address: 5049 MYRTLE BAY DRIVE  
City-St-Zip: ORLANDO, FL 32829 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: C JUDITH GARCIA

OFFI

05/02/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date