2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000036640

1. Entity Name
JV INSURANCE GROUP, INC.

Principal Place of Business	Mailing Address
7964 SADDLE BROCK DR PORT ST LUCIE, FL 34986	7964 SADDLE BROCK DR PORT ST LUCIE, FL 34986

50036791

DO NOT WRITE IN THIS SPACE

01272005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0744995	Not Applicable

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

6. Name and Address of Current Registered Agent

VERNAGLIA, JONI
7964 SADDLE BROCK DR
PORT ST LUCIE, FL 34986

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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 _(signature)_   President   2/21/05

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, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PT
NAME	VERNAGLIA, JONI
STREET ADDRESS	7964 SADDLE BROCK DR
CITY-ST-ZIP	PORT ST LUCIE, FL 34986
TITLE	VP
NAME	VERNAGLIA, JOHN
STREET ADDRESS	7964 SADDLE BROCK DR
CITY-ST-ZIP	PORT ST LUCIE, FL 34986
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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: _(signature)_   2/21/05   772-466-8876

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