


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000098793		
1. Entity Name JERON GROUP, INC.		
Principal Place of Business 3230 S. OCEAN BLVD. 607 PALM BEACH, FL 33480	Mailing Address 3230 S. OCEAN BLVD. 607 PALM BEACH, FL 33480	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SECOLI, JEANNIE 3230 S. OCEAN BLVD. STE 607 PALM BEACH, FL 33480		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: <u><i>Jeannie Secoli</i></u> <u><i>JEANNIE SECOLI</i></u> <u>5-4-04</u> <small>Signature, typed or printed name of registered agent and the filer (NOTE: Registered Agent signature required when reinstating)</small> DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY ST ZIP	P SECOLI, JEANNIE 3230 S. OCEAN BLVD. PALM BEACH, FL 33480	
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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)(f), 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: <u><i>Jeannie Secoli</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>5-4-04</u> <u>5615864551</u> <small>DATE (Month-Day-Year)</small>



05052004 No Chg-P CR2E034 (10/03)

4. FCI Number **65-0797130** Applied For
Not Applicable

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

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05/10/04-80005-019 150.00