


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 22, 2006 8:00 am
Secretary of State

06-22-2006 90001 030 ***150.00

DOCUMENT # P98000101978 1. Entity Name THE W.E. JONES GROUP, INC.	
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Principal Place of Business 160 WEST HAINES BOULEVARD LAKE ALFRED, FL 33850	Mailing Address P O BOX 1296 LAKE ALFRED, FL 33850
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04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3545868	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent OVERBAY, JEANNIE J 160 W. HAINES BLVD LAKE ALFRED, FL 33850

**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 if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST OVERBAY, JEANNIE J P O BOX 1296 LAKE ALFRED, FL 33850
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JONES, WILLIAM P O BOX 1296 LAKE ALFRED, FL 33850
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JONES, JEFFREY T P O BOX 1296 LAKE ALFRED, FL 33850
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: JEANNIE J. OVERBAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeannie J. Overbay 4/24/06 863 956-5280