


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91009 042 ***158.75


DOCUMENT # F0100000609
 1. Entity Name
 COMMUNIGROUP OF JACKSON, INC.



Principal Place of Business: 700 SOUTH WEST ST. JACKSON, MS 39201
 Mailing Address: PO BOX 940 JACKSON, MS 39205

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State: JACKSON, MS
 Zip: 39201 Country: MS


 03262004 Chg-P CR2E034 (10/03)
 4. FEI Number: 64-0694679 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: CHELETTE, CHRISTOPHER B STREET ADDRESS: 700 SW STREET CITY-ST-ZIP: JACKSON, MS	<input type="checkbox"/> Delete
TITLE: V NAME: MOFFATT III, JAMES N STREET ADDRESS: 700 SW STREET CITY-ST-ZIP: JACKSON, MS	<input type="checkbox"/> Delete
TITLE: V NAME: HEALEA, ROBERT J STREET ADDRESS: 236 EAST CAPITOL ST. CITY-ST-ZIP: JACKSON, MS	<input type="checkbox"/> Delete
TITLE: VD NAME: FRANK JR, WALTER J STREET ADDRESS: 236 EAST CAPITOL ST. CITY-ST-ZIP: JACKSON, MS	<input type="checkbox"/> Delete
TITLE: STD NAME: FAIL, JOSEPH D STREET ADDRESS: 236 EAST CAPITOL ST. CITY-ST-ZIP: JACKSON, MS	<input type="checkbox"/> Delete
TITLE: V NAME: ROARK, LERA O STREET ADDRESS: 1309 LOUISVILLE AVENUE CITY-ST-ZIP: MONROE, LA	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: Vice President NAME: William R. McKnight STREET ADDRESS: 700 South West Street, CITY-ST-ZIP: Jackson, MS 39201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Executive Vice President NAME: James N.C. Moffat, III STREET ADDRESS: 700 South West Street CITY-ST-ZIP: Jackson, MS 39201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Vice President NAME: Carolyn Rogers STREET ADDRESS: 700 South West Street CITY-ST-ZIP: Jackson, MS 39201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert J. Healea Robert J. Healea 4/21/04 (601) 354-9070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #