


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90049 001 ***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**

20001200



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

01062005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: **64-0694679**
 Applied For: Not Applicable:

Zip: Country

5. Certificate of Status Desired: **XX** \$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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	CHELETTE, CHRISTOPHER B	
STREET ADDRESS	700 SW STREET	
CITY-ST-ZIP	JACKSON, MS	
TITLE	EV	<input type="checkbox"/> Delete
NAME	MOFFATT III, JAMES N	
STREET ADDRESS	700 SOUTH WEST STREET	
CITY-ST-ZIP	JACKSON, MS 39201	
TITLE	V	<input type="checkbox"/> Delete
NAME	HEALEA, ROBERT J	
STREET ADDRESS	236 EAST CAPITOL ST.	
CITY-ST-ZIP	JACKSON, MS	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRANK JR, WALTER J	
STREET ADDRESS	236 EAST CAPITOL ST.	
CITY-ST-ZIP	JACKSON, MS	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FAIL, JOSEPH D	
STREET ADDRESS	236 EAST CAPITOL ST.	
CITY-ST-ZIP	JACKSON, MS	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROARK, LERA O	
STREET ADDRESS	1309 LOUISVILLE AVENUE	
CITY-ST-ZIP	MONROE, LA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William R. McKnight	
STREET ADDRESS	700 South West Street	
CITY-ST-ZIP	Jackson, MS 29201	
TITLE	Executive Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James N. C. Moffat, III	
STREET ADDRESS	700 South West Street	
CITY-ST-ZIP	Jackson, MS 39201	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carolyn Rogers	
STREET ADDRESS	700 South West Street	
CITY-ST-ZIP	Jackson, MS 39201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 1/7/05 601-354-9070
 Daytime Phone #