


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90048 027 \*\*\*158.75

**DOCUMENT # F0100000609**

1. Entity Name  
**COMMUNIGROUP OF JACKSON, INC.**



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


2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**60000109**



01122006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**64-0694679**      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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHELETTE, CHRISTOPHER B	NAME	William R. McKnight
STREET ADDRESS	700 SW STREET	STREET ADDRESS	700 South West Street
CITY-ST-ZIP	JACKSON, MS	CITY-ST-ZIP	Jackson, MS 39201
TITLE	EV <input type="checkbox"/> Delete	TITLE	Executive Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOFFATT III, JAMES N	NAME	James N. C. Moffat, III
STREET ADDRESS	700 SOUTH WEST STREET	STREET ADDRESS	700 South West Street
CITY-ST-ZIP	JACKSON, MS 39201	CITY-ST-ZIP	Jackson, MS 39201
TITLE	V <input type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEALEA, ROBERT J	NAME	Carolyn Rogers
STREET ADDRESS	236 EAST CAPITOL ST.	STREET ADDRESS	700 South West Street
CITY-ST-ZIP	JACKSON, MS	CITY-ST-ZIP	Jackson, MS 39201
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK JR, WALTER J	NAME	
STREET ADDRESS	236 EAST CAPITOL ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSON, MS	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIL, JOSEPH D	NAME	
STREET ADDRESS	236 EAST CAPITOL ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSON, MS	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROARK, LERA O	NAME	
STREET ADDRESS	1309 LOUISVILLE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MONROE, LA	CITY-ST-ZIP	

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** *James N. C. Moffat, III*      **James N. C. Moffat, III**      **01/16/06**      **601-353-9118**

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