



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

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
--	--

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 64-0694679	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

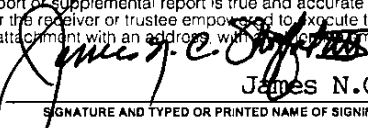
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHELETTE, CHRISTOPHER B 700 SW STREET JACKSON, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MOFFAT, JAMES III N 700 SOUTH WEST STREET JACKSON, MS 39201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEALEA, ROBERT J 236 EAST CAPITOL ST. JACKSON, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANK JR, WALTER J 236 EAST CAPITOL ST. JACKSON, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FAIL, JOSEPH D 236 EAST CAPITOL ST. JACKSON, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROARK, LERA O 1309 LOUISVILLE AVENUE MONROE, LA

U00000586687
 01/17/07-80003-002 158.75

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 authority empowered.

SIGNATURE:  James N.C. Moffat, III 1/10/2007 601-353-9118

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