

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000609

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: TEC OF JACKSON, INC.

## Current Principal Place of Business:

700 SOUTH WEST ST.  
JACKSON, MS 39201

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 940  
JACKSON, MS 39205

## New Mailing Address:

FEI Number: 64-0694679      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CHELETTE, CHRISTOPHER B  
Address: 700 SW STREET  
City-St-Zip: JACKSON, MS

Title: EVP ( ) Delete  
Name: MOFFAT, JAMES III N  
Address: 700 SOUTH WEST STREET  
City-St-Zip: JACKSON, MS 39201

Title: V ( ) Delete  
Name: HEALEA, ROBERT J  
Address: 236 EAST CAPITOL ST.  
City-St-Zip: JACKSON, MS

Title: VD ( ) Delete  
Name: FRANK JR, WALTER J  
Address: 236 EAST CAPITOL ST.  
City-St-Zip: JACKSON, MS

Title: STD ( ) Delete  
Name: FAIL, JOSEPH D  
Address: 236 EAST CAPITOL ST.  
City-St-Zip: JACKSON, MS

Title: V ( ) Delete  
Name: ROARK, LERA O  
Address: 1309 LOUISVILLE AVENUE  
City-St-Zip: MONROE, LA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V,D (X) Change ( ) Addition  
Name: HEALEA, ROBERT J  
Address: 236 EAST CAPITOL ST.  
City-St-Zip: JACKSON, MS

Title: D (X) Change ( ) Addition  
Name: GARNER, JOEY F  
Address: 236 EAST CAPITOL ST.  
City-St-Zip: JACKSON, MS

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. HEALEA

V

01/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date