

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 08:00 A
Secretary of State

DOCUMENT # F01000000609

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



02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000844105
03/12/08-80022-019 158.75

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

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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 all other like empowered

SIGNATURE: James N.C. Moffat, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/08

Date

601-353-9118

Daytime Phone #