# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 08, 2006**
**Secretary of State**

DOCUMENT# P05000015145

**Entity Name:** HANCOCK PERDUE INSURANCE SERVICES INC.

**Current Principal Place of Business:**

12220 ATLANTIC BLVD.
SUITE 115
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

**Current Mailing Address:**

12220 ATLANTIC BLVD.
SUITE 115
JACKSONVILLE, FL 32225 US

**New Mailing Address:**

**FEI Number: 36-4568901** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PERDUE, KAREN M
387 3RD STREET
ATLANTIC BEACH, FL 32233 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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: HANCOCK, JOHN
Address: 1015 ATLANTIC BOULEVARD, SUITE 210
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: D ( ) Delete
Name: PERDUE, RUSSELL
Address: 1015 ATLANTIC BOULEVARD, SUITE 210
City-St-Zip: ATLANTIC BEACH, FL 32233 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition
Name: HANCOCK, JOHN D MR.
Address: 1015 ATLANTIC BOULEVARD, SUITE 210
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: PRES (X) Change ( ) Addition
Name: PERDUE, RUSSELL G MR
Address: 1015 ATLANTIC BOULEVARD, SUITE 210
City-St-Zip: ATLANTIC BEACH, FL 32233 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN M PERDUE OFFI 05/08/2006

Electronic Signature of Signing Officer or Director Date