

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90043 027 ***150.00

DOCUMENT # F04000002409

1. Entity Name

HANCOCK INSURANCE AGENCY, INC.



Principal Place of Business

114 MIAN STREET
BAY ST. LOUIS MS 39520

Mailing Address

PO BOX 2490
BAY ST. LOUIS MS 39520

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

39521

Country

4. FEI Number

64-0169103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	SEAL, LEO W JR	
STREET ADDRESS	2510 14TH STREET	
CITY-ST-ZIP	GULFPORT MS 39501	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	SCHLOEGEL, GEORGE	
STREET ADDRESS	2510 14TH STREET	
CITY-ST-ZIP	GULFPORT MS 39501	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHANEY, CARL	
STREET ADDRESS	2510 14TH STREET	
CITY-ST-ZIP	GULFPORT MS 39501	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ASHMAN, ELIZABETH A	
STREET ADDRESS	114 MIAN STREET	
CITY-ST-ZIP	BAY ST. LOUIS MS 39520	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KUNTZMAN, SHARON	
STREET ADDRESS	114 MIAN STREET	
CITY-ST-ZIP	BAY ST. LOUIS MS 39520	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Elizabeth A. Ashman Elizabeth A. Ashman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05 228-467-5496

Date

Daytime Phone #