

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002409

FILED
Jan 11, 2008
Secretary of State

Entity Name: HANCOCK INSURANCE AGENCY, INC.

Current Principal Place of Business:

114 MIAN STREET
BAY ST. LOUIS, MS 39520

New Principal Place of Business:

Current Mailing Address:

PO BOX 2490
BAY SAINT LOUIS, MS 39521

New Mailing Address:

FEI Number: 64-0169103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: CP () Delete
Name: SEAL, LEO W JR
Address: 2510 14TH STREET
City-St-Zip: GULFPORT, MS 39501

Title: VCD () Delete
Name: SCHLOEGEL, GEORGE
Address: 2510 14TH STREET
City-St-Zip: GULFPORT, MS 39501

Title: DST () Delete
Name: CHANEY, CARL
Address: 2510 14TH STREET
City-St-Zip: GULFPORT, MS 39501

Title: DVP () Delete
Name: ASHMAN, ELIZABETH A
Address: 114 MIAN STREET
City-St-Zip: BAY ST. LOUIS, MS 39520

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CAMORS ROTH

VP

01/11/2008

Electronic Signature of Signing Officer or Director

Date