

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 31, 2006 8:00 am**  
**Secretary of State**

05-31-2006 90009 027 \*\*\*558.75

**DOCUMENT # F04000003199**

1. Entity Name  
**HANCOCK INVESTMENT SERVICES, INC.**



Principal Place of Business  
**2600 CITIPLACE DR, STE 100  
BATON ROUGE, LA 70808**

Mailing Address  
**2600 CITIPLACE DR, STE 100  
BATON ROUGE, LA 70808**

**50020024**



05262006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**64-0867168**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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 \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE C  
NAME SAIK, CLIFTON  
STREET ADDRESS 2600 CITIPLACE DR, STE 100  
CITY-ST-ZIP BATON ROUGE, LA 70808

TITLE VCD  
NAME SEAL, LEO W JR  
STREET ADDRESS 2510 14TH ST  
CITY-ST-ZIP GULFPORT, MS 39501

TITLE D  
NAME CHANEY, CARL J  
STREET ADDRESS 2510 14TH ST  
CITY-ST-ZIP GULFPORT, MS 39501

TITLE D  
NAME SCHLOEGEL, GEORGE  
STREET ADDRESS 2510 14TH ST  
CITY-ST-ZIP GULFPORT, MS 39501

TITLE PD  
NAME BLUTH, RANDY  
STREET ADDRESS 2600 CITIPLACE DR, STE 100  
CITY-ST-ZIP BATON ROUGE, LA 70808

TITLE VP  
NAME SIMMONS, MIKE  
STREET ADDRESS 2600 CITIPLACE DR, STE 100  
CITY-ST-ZIP BATON ROUGE, LA 70808

**DO NOT WRITE  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MIKE SIMMONS**

**5-26-06**

Date

Daytime Phone #

**225-248-7328**