

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

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**



02092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
64-0867168

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000632653
02/21/07-80028-024 158.75**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
SIMMONS, MIKE
2600 CITIPLACE DR, STE 100
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:

Betty Rowlen *Betty Rowlen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-07
Date

225-248-7328
Daytime Phone #