

**2006 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000045541

1. Entity Name
HANCOCK BANK OF FLORIDA



Principal Place of Business
**101 S. MONROE ST.
SUITE 150
TALLAHASSEE, FL 32301**

Mailing Address
**101 S. MONROE ST.
SUITE 150
TALLAHASSEE, FL 32301**



07112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0861045

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**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 registering)

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	D
NAME	SEAL, LEO W JR.
STREET ADDRESS	2510 14TH ST.
CITY-ST-ZIP	GULFPORT, MS 39501
TITLE	D
NAME	BOARDMAN, J F JR
STREET ADDRESS	2510 14TH ST.
CITY-ST-ZIP	GULFPORT, MS 39501
TITLE	D
NAME	SCHLOEGEL, GEORGE A
STREET ADDRESS	2510 14TH ST.
CITY-ST-ZIP	GULFPORT, MS 39501
TITLE	D
NAME	HAIRSTON, JOHN M
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	STUBBLEFIELD, J. MARTIN
STREET ADDRESS	101 NORTH MONROE, SUITE 150
CITY-ST-ZIP	TALLAHASSEE, FL 32301

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**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

Date

Daytime Phone #

John Schnitz, VP Chief Accounting Officer 7/11/06 (228) 822-423