

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-31-2006 90008 003 ***558.75

DOCUMENT # P04000066682

1. Entity Name
HANCOCK INVESTMENT SERVICES OF FLORIDA, INC.



Principal Place of Business
**2600 CICPLACE DRIVE
SUITE 100
BATON ROUGE, LA 70808**

Mailing Address
**2600 CICPLACE DRIVE
SUITE 100
BATON ROUGE, LA 70808**

50019998



05262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1004110

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**CP
SAIK, CLIFTON
2600 CITI PLACE DR STE 100
BATON ROUGE, LA 70808**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SV
ROWLEN, BETTY
2600 CITI PLACE DR, STE 100
BATON ROUGE, LA 70808**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

5-26-06 225-248-7328
Date Daytime Phone #