

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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May 02, 2006 8:00 am
Secretary of State

05-02-2006 90234 018 ***150.00

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04252006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000076626 1. Entity Name HANCOCK INSURANCE SERVICES, INC.			
Principal Place of Business 5706 MERRIMAC DRIVE SARASOTA, FL 34231		Mailing Address 5706 MERRIMAC DRIVE SARASOTA, FL 34231	
2. Principal Place of Business 1010 Gantt Avenue Suite, Apt. #, etc.		3. Mailing Address 1010 Gantt Avenue Suite, Apt. #, etc.	
City & State Sarasota, FL Zip Country 34232		City & State Sarasota, FL Zip Country 34232	
4. FEI Number 20-1120641		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANCOCK, MICHAEL G 5706 MERRIMAC DRIVE SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name HANCOCK, MICHAEL G Street Address (P.O. Box Number is Not Acceptable) 1010 GANTT Avenue City SARASOTA FL Zip Code 34232	
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 <u><i>Michael G Hancock</i></u> DATE <u>4/25/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HANCOCK, MICHAEL G 5706 MERRIMAC DRIVE SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HANCOCK, MICHAEL G 1010 GANTT Avenue SARASOTA, FL 34232 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Michael G Hancock</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	