


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90149 018 \*\*\*150.00

<b>DOCUMENT # P04000076626</b> 1. Entity Name <b>HANCOCK INSURANCE SERVICES, INC.</b>			
Principal Place of Business <b>1010 GANTT AVE. SARASOTA, FL 34232</b>		Mailing Address <b>1010 GANTT AVE. SARASOTA, FL 34232</b>	
2. Principal Place of Business - No P.O. Box <b>3911 Roberts Point Rd</b>		3. Mailing Address <b>3911 Roberts Point Rd</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>	
Zip <b>34242</b>		Zip <b>34242</b>	
Country 		Country 	
4. FEI Number <b>20-1120641</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HANCOCK, MICHAEL G 1010 GANTT AVE. SARASOTA, FL 34232</b>		7. Name and Address of New Registered Agent Name <b>HANCOCK, Michael G</b> Street Address (P.O. Box Number is Not Acceptable) <b>3911 Roberts Point Road</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34242</b>	
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>4/30/08</u> <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> NAME <b>HANCOCK, MICHAEL G</b> <input type="checkbox"/> Delete STREET ADDRESS <b>1010 GANTT AVE.</b> CITY-ST-ZIP <b>SARASOTA, FL 34232</b>	TITLE <b>P</b> NAME <b>HANCOCK, Michael G</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>3911 Roberts Point Road</b> CITY-ST-ZIP <b>SARASOTA, FL 34242</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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> DATE <u>4/30/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			