


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90296 047 ***158.75

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1. Entity Name
HANCOCK BANK



Principal Place of Business
**2510 14TH STREET
 GULFPORT, MS 39501**

Mailing Address
**PO BOX 4019
 GULFPORT, MS 39502**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

4252006 Chg-P CR2E034 (11/05)

4. FEI Number
64-0169065

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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	D BOARDMAN, JOSEPH F <input type="checkbox"/> Delete 2501 14TH STREET GULFPORT, MS 39501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASTERLY, ROBERT E <input checked="" type="checkbox"/> Delete 2510 14TH STREET GULFPORT, MS 39501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP SCHLOEGEL, GEORGE A <input type="checkbox"/> Delete 2510 14TH STREET GULFPORT, MS 39501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SEAL, LEO W JR <input type="checkbox"/> Delete 2510 14TH STREET GULFPORT, MS 39501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEBB, CHARLES A JR <input checked="" type="checkbox"/> Delete 2510 14TH STREET GULFPORT, MS 39501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO CHANEY, CARL <input type="checkbox"/> Delete 2510 14TH STREET GULFPORT, MS 39501

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J. MARTIN STUBBLEFIELD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 N. MONROE STREET SUITE 150 TALLAHASSEE, FL. 32301 DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP COO JOHN M. HAIRSTON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2510 14TH STREET GULFPORT MS 39501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP CARL J. CHANEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2510 14TH STREET GULFPORT MS 39501

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] V.P. 04.25.06 228.563.7895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #