

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002409

FILED  
Jan 30, 2006  
Secretary of State

Entity Name: HANCOCK INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

114 MIAN STREET  
BAY ST. LOUIS, MS 39520

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2490  
BAY SAINT LOUIS, MS 39521

**New Mailing Address:**

FEI Number: 64-0169103      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: SEAL, LEO W JR  
Address: 2510 14TH STREET  
City-St-Zip: GULFPORT, MS 39501

Title: VCD ( ) Delete  
Name: SCHLOEGEL, GEORGE  
Address: 2510 14TH STREET  
City-St-Zip: GULFPORT, MS 39501

Title: D ( ) Delete  
Name: CHANEY, CARL  
Address: 2510 14TH STREET  
City-St-Zip: GULFPORT, MS 39501

Title: DVP ( ) Delete  
Name: ASHMAN, ELIZABETH A  
Address: 114 MIAN STREET  
City-St-Zip: BAY ST. LOUIS, MS 39520

Title: ST ( ) Delete  
Name: KUNTZMAN, SHARON  
Address: 114 MIAN STREET  
City-St-Zip: BAY ST. LOUIS, MS 39520

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH A. ASHMAN

VP

01/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date