

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002409

FILED  
Apr 18, 2011  
Secretary of State

**Entity Name:** HANCOCK INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

114 MAIN STREET  
BAY ST. LOUIS, MS 39520

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN TAX DEPARTMENT  
P.O. BOX 4019  
GULFPORT, MS 39502

**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

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: ACHARY, MICHAEL M  
Address: 2510 14TH STREET  
City-St-Zip: GULFPORT, MS 39501

Title: VPD  
Name: SAIK, CLIFTON J  
Address: 2510 14TH STREET  
City-St-Zip: GULFPORT, MS 39501

Title: PD  
Name: CHANEY, CARL J  
Address: 2510 14TH STREET  
City-St-Zip: GULFPORT, MS 39501

Title: SD  
Name: HAIRSTON, JOHN M  
Address: 2510 14TH STREET  
City-St-Zip: GULFPORT, MS 39501

Title: VPD  
Name: ROTH, CHRIS  
Address: 2510 14TH STREET  
City-St-Zip: GULFPORT, MS 39501

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL M. ACHARY

TD

04/18/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date