


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000066682
 1. Entity Name
HANCOCK INVESTMENT SERVICES OF FLORIDA, INC.



Principal Place of Business 2600 CICPLACE DRIVE SUITE 100 BATON ROUGE, LA 70808	Mailing Address 2600 CICPLACE DRIVE SUITE 100 BATON ROUGE, LA 70808
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DO NOT WRITE IN THIS SPACE



02092007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1004110	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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I, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000632651 02/21/07-80028-023 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SAIK, CLIFTON 2600 CITI PLACE DR STE 100 BATON ROUGE, LA 70808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLUTH, RANDY 2600 CITI PLACE DR, STE 100 BATON ROUGE, LA 70808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV ROWLEN, BETTY 2600 CITI PLACE DR, STE 100 BATON ROUGE, LA 70808
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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: Betty Rowlen Betty Rowlen 29-07 225-248-7328
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #