

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # F45433

1. Entity Name

ANCIENT CITY REALTY, INC.



Principal Place of Business

1101 PINELLAS BAY WAY
403
SAINT PETERSBURG FL 33715

Mailing Address

PO BOX 66326
SAINT PETERSBURG FL 33736
US



2. Principal Place of Business - No P.O. Box #

1101 PINELLAS BAYWAY

Suite, Apt. #, etc.

403

City & State

ST. PETERSBURG FL

Zip

33715

Country

U.S.A.

3. Mailing Address

PO BOX 66326

Suite, Apt. #, etc.

ST. PETERS BEACH

City & State

FLA.

Zip

33736

Country

U.S.A.

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2149535

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, RAYMOND C
1101 PINELLAS BAY WAY
403
SAINT PETERSBURG FL 33715

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

Raymond C. Clark, President of Ancient City Realty Inc 2-11-08

(Print, type or printed name of registered agent and title, if applicable.)

(NOTE: Registered Agent signature required when not stating g)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

CLARK, RAYMOND C
1101 PINELLAS BAY WAY, #403
SAINT PETERSBURG FL 33715

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

000000826911
02/21/08-80067-021 150.00

TITLE NAME ☐ Change ☐ Addition

000000826911
02/21/08-80067-022 8.75

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Raymond C. Clark* RAYMOND C. CLARK

2-11-08

727-865-1022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number