


# 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 Mailing Address  
 1101 PINELLAS BAY WAY PO BOX 66326  
 403 SAINT PETERSBURG FL 33736  
 403 SAINT PETERSBURG FL 33715 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
*1101 Pinellas Bayway* *PO Box 66326*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
*403* *ST. Pete Beach*

1st MOORE CR2E034 (10/07)

City & State City & State  
*St. Petersburg FL* *FLA.*  
 Zip Country Zip Country  
*33715 U.S.A.* *33736 U.S.A.*

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  
(NOTE: Registered Agent signature required when not stating) 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 \$5.00 May Be  
 Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, RAYMOND C	NAME	U00000826911
STREET ADDRESS	1101 PINELLAS BAY WAY, #403	STREET ADDRESS	02/21/08-80067-021 150.00
CITY-ST-ZIP	SAINT PETERSBURG FL 33715	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	U00000826911
STREET ADDRESS		STREET ADDRESS	02/21/08-80067-022 8.75
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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, President of Ancient City Realty Inc* RAYMOND C. CLARK 2-11-08 727-865-1022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone