


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90066 011 ****61.25

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|---|---|--|--|---|---|
| DOCUMENT # N06000001110 1. Entity Name ANCIENT CITY ROMANCE AUTHORS, INC. | | | |  | |
| Principal Place of Business 4820 JOSEPH STREET HASTINGS, FL 32145 | | | Mailing Address 4820 JOSEPH STREET HASTINGS, FL 32145 | | |
| 2. Principal Place of Business - No P.O. Box # 2924 OWL COURT | | 3. Mailing Address 2924 OWL COURT | | | |
| Suite, Apt. #, etc. _____ | | Suite, Apt. #, etc. _____ | | | |
| City & State GREEN COVE SPRINGS, FL. | | City & State GREEN COVE SPRINGS, FL. | | 4. FEI Number 20-4056079 | |
| Zip 32043 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | | | 7. Name and Address of New Registered Agent Name N/A 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SMITH, MARGUERITE 4820 JOSEPH STREET HASTINGS, FL 32145 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT WATERS, HEATHER 2924 OWL COURT GREEN COVE SPRINGS, FL. 32043 |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WATERS, HEATHER 4820 JOSEPH STREET HASTINGS, FL 32145 | <input type="checkbox"/> Delete | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BARONE, LAURA 4820 JOSEPH STREET HASTINGS, FL 32145 | <input type="checkbox"/> Delete | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T QUATRANO, NANCY L 4820 JOSEPH STREET HASTINGS, FL 32145 | <input checked="" type="checkbox"/> Delete | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE-PRES BARONE, LAURA 2924 OWL COURT GREEN COVE SPRINGS, FL. 32043 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY KING, VICKIE 2924 OWL COURT GREEN COVE SPRINGS, FL. 32043 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER MCMAHON, KATHERINE 2924 OWL COURT GREEN COVE SPRINGS, FL. 32043 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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 617, 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

[Handwritten Signature]

x 2/28/07