

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000123013

FILED
Apr 26, 2004
Secretary of State

Entity Name: ANCIENT CITY INSURANCE, INC.

Current Principal Place of Business:

1100-4 PONCE DE LEON BLVD
ST AUGUSTINE, FL 32084

New Principal Place of Business:

1100-4 PONCE DE LEON BLVD, SOUTH
ST AUGUSTINE, FL 32084

Current Mailing Address:

1100-4 PONCE DE LEON BLVD
ST AUGUSTINE, FL 32084

New Mailing Address:

1100-4 PONCE DE LEON BLVD, SOUTH
ST AUGUSTINE, FL 32084

FEI Number: 14-1855095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNELL, W. HENRY
2200 N PONCE DE LEON BLVD, STE 10
ST AUGUSTINE, FL 32084 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: WOOD, JOHN
Address: 1100-4 PONCE DE LEON BLVD
City-St-Zip: ST AUGUSTINE, FL 32084

Title: V () Delete
Name: KOKOLIAS, CHARLES
Address: 154 HAWTHORNE RD.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: T () Delete
Name: GOLZ, REBECCA
Address: 5262 ELLEN CT.
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: WOOD, JOHN
Address: 1100-4 PONCE DE LEON BLVD, SOUTH
City-St-Zip: ST AUGUSTINE, FL 32084

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN WOOD

P

04/26/2004

Electronic Signature of Signing Officer or Director

Date