

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14 2006 08:00 AM
Secretary of State

DOCUMENT # P02000123013

1. Entity Name
ANCIENT CITY INSURANCE, INC.



Principal Place of Business
**1100-4 PONCE DE LEON BLVD, SOUTH
ST AUGUSTINE, FL 32084**

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



02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1855095

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000436355
02/27/06-80033-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE PS
NAME WOOD, JOHN
STREET ADDRESS 1100-4 PONCE DE LEON BLVD, SOUTH
CITY-ST-ZIP ST AUGUSTINE, FL 32084

TITLE V
NAME KOKOLIAS, CHARLES
STREET ADDRESS 154 HAWTHORNE RD.
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE T
NAME GOLZ, REBECCA
STREET ADDRESS 5262 ELLEN CT.
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-06 904-826-0096

Date

Daytime Phone #