

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000123013

Entity Name: ANCIENT CITY INSURANCE, INC.

FILED  
Feb 24, 2009  
Secretary of State

## Current Principal Place of Business:

2800 N 5TH ST  
UNIT 301  
ST AUGUSTINE, FL 32084

## New Principal Place of Business:

## Current Mailing Address:

2800 N 5TH ST  
UNIT 301  
ST AUGUSTINE, FL 32084

## New Mailing Address:

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  
2825 LEWIS SPEEDWAY  
SUITE #104  
SAINT 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: PVS ( ) Delete  
Name: WOOD, JANE M  
Address: 1100-4 PONCE DE LEON BLVD, SOUTH  
City-St-Zip: ST AUGUSTINE, FL 32084

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: HOUPE, REBECCA  
Address: 2800 N 5TH ST, UNIT 301  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VP (X) Change ( ) Addition  
Name: NAGEL, GLORIA  
Address: 2800 N 5TH ST, UNIT 301  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: T ( ) Change (X) Addition  
Name: HOUPE, JASON  
Address: 2800 N 5TH ST, UNIT 301  
City-St-Zip: ST AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: REBECCA HOUPE

P

02/24/2009

Electronic Signature of Signing Officer or Director

Date