2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2010
Secretary of State

DOCUMENT# P02000123013

Entity Name: ANCIENT CITY INSURANCE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

1100-4 SO. PONCE DE LEON BLVD.
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: PVST
Name: WOOD, JOHN
Address: 1100-4 SO. PONCE DE LEON BLVD.
City-St-Zip: ST AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: JOHN WOOD PVST 01/14/2010

Electronic Signature of Signing Officer or Director — Date