2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

DOCUMENT# P11000087678

Entity Name: OLDEST CITY TOURS, INC

Current Principal Place of Business:

6 CORDOVA ST
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

6 CORDOVA ST
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 45-3684545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, BARBARA
6 CORDOVA ST
ST AUGUSTINE, FL FL 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

OFFICERS AND DIRECTORS:

Title: P
Name: WILSON, BARBARA
Address: 932 S RODRIQUEZ ST
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VP
Name: LANE, KIM
Address: 424 SHAMROCK RD
City-St-Zip: ST AUGUSTINE, FL 32084

Title: T
Name: WILSON, BARBARA
Address: 932 S RODRIQUEZ ST
City-St-Zip: ST AUGUSTINE, FL 32084

Title: S
Name: LANE, KIM
Address: 424 SHAMROCK RD
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: BARBARA WILSON PR 04/27/2012

Electronic Signature of Signing Officer or Director — Date