## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 09, 2004 8:00 am Secretary of State

	AIIIIVAL	KLFOKI		_ Secreta	ry of State		
1. Entity Nam	MENT # P93000072 ASTERN ARCHEOLOGICA	•			00071 005 ***158.75		
				<u></u>			
1 '	e of Business	Mailing Address			•		
1211 NW 10   Gainesville		P.O. BOX 14776 Gainesville, FL 32604	US				
				1   <b>1   1   1   1   1   1   1   1   1  </b>	<b>63</b> 116 2 <b>6616</b> 62 <b>6</b> 7 1 <b>862</b> 1 76 <b>36</b> 1865 <b>0</b> 1 11 1861		
2. Principal F	Place of Business NW 138th Terrace	3. Mailing Address	8h Twa				
Suite, Apt.		315 NN 12 Suite, Apt. #, etc.	s8m7cricu	01072004 Chg-P	CR2E034 (10/03)		
Cir. 9 Care		City B Ct-t-		3		_	
Jonesville P-		Jonewile Fr		4. FEI Number 59-3215370	Applied For Not Applicable	e	
Zip 27.1	69 Country	Zip 3 2 4 6 9	Country US/	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip Zip Zip Zip Zip Zip Zip Z Zip Zip			UC7 (	7. Name and Address of New Re	gistered Agent		
STOKES, ANNE V						<del>-</del> -	
184 SW 131ST ST.			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
NEWBERRY, FL 32669						_	
			City	· · · · · · · · · · · · · · · · · · ·	FL Zip Code	_	
	e named entity submits this statement for tions of redistered agent.	the purpose of changing its re	gistered office or regis	stered agent, or both, in the State of Flor	ida. I am familiar with, and accep	t	
_	Mansol	Anne V.	210LW.	11	7/04		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees							
10.	OFFICERS AND	DIRECTORS	<b>11.</b> r	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 11	_	
TITLE NAME	PTD STOKES, ANNE V	Delete	TITLE NAME		☐ Change ☐ Addition	ก	
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	٠.	STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE, FL 32603	<u> </u>	CITY-ST-ZIP				
TITLE NAME	V AUSTIN, ROBERT J	☐ Delete	TITLE NAME	•	Change Additio	ın.	
STREET ADDRESS	7224 ALAFIA RIDGE LOOP		STREET ADDRESS				
CITY-ST-ZIP	RIVERVIEW, FL 33568	Delete	CITY-ST-ZIP TITLE		☐ Change ☐ Additio		
NAME	POCHUREK, JAMES	L Delete	NAME		Li Change Li Addino	91	
STREET ADDRESS	PO BOX 971		STREET ADDRESS				
	CITDA EL 20112	· · · · · · · · · · · · · · · · · · ·	TOTAL OF SID.	المراجع الوالد السبية شاره المالح	the same of the sa		
	CITRA, FL 32113	□ Delete	TOTAL STITLE	الايموان والدالموموسية شوي المواد	☐ Change ☐ Additio	n	
TITLE NAME	CITRA, FL 32113	□ Delete	TITLE NAME	E - Suid-Anna de La Grand (1997)	☐ Change ☐ Additio	າກ	
TITLE	CITRA, FL 32113	☐ Delete	TITLE	et man school man and an en	☐ Change ☐ Additio	าก	
TITLE NAME STREET ADDRESS	CITRA, FL 32113	□ Delete	TITLE NAME STREET ADDRESS		Change Additio	• • • •	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CITRA, FL 32113		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		-	• • •	
THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CITRA, FL 32113		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		-	• • • •	

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/04

357-2 FY-3506

Daytime Phone #