# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 07, 2005 8:00 am**
**Secretary of State**
01-07-2005 90006 030 ***158.75

50000552

DOCUMENT # P93000072718

1. Entity Name
SOUTHEASTERN ARCHEOLOGICAL RESEARCH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 315 SW 138TH TERRACE<br>JONESVILLE, FL 32669 US | 315 SW 138TH TERRACE<br>JONESVILLE, FL 32669 US |

01042005 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 315 NW 138th Terrace | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Jonesville, FL | City & State |
| Zip: 32669 Country: USA | Zip Country |

4. FEI Number: 59-3215370 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| STOKES, ANNE V<br>184 SW 131ST ST.<br>NEWBERRY, FL 32669 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PTD<br>STOKES, ANNE V<br>~~2248 NW 5TH PLACE~~<br>~~GAINESVILLE, FL 32603~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PTD<br>Anne V. Stokes<br>184 SW 131 st St<br>Newberry, FL 32669 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>AUSTIN, ROBERT J<br>7224 ALAFIA RIDGE LOOP<br>RIVERVIEW, FL 33568 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VS<br>POCHUREK, JAMES<br>~~PO BOX 971~~ 4038 NW 18th PL<br>~~CITRA, FL 32113~~ Gainesville FL 32605 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VS<br>James Pochurek<br>4038 NW 18th Place<br>Gainesville, FL 32605 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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.

**SIGNATURE:** Anne V. Stokes, President 1/4/05 352-333-0049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #