2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 06, 2006 8:00 am **Secretary of State** DOCUMENT # P93000072718 1. Entity Name 02-06-2006 90089 023 ***158.75 SOUTHEASTERN ARCHEOLOGICAL RESEARCH, INC. Principal Place of Business Mailing Address 315 NW 138TH TERRACE 315 NW 138TH TERRACE JONESVILLE FL 32669 JONESVILLE FL 32669 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3215370 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Stokes Anne STOKES, ANNE V Street Address (P.O. Box Number is Not Acceptable) 184 SW 131ST ST. Arasley Drive **NEWBERRY FL 32669** Zip Code 3280 Orlando 8. Therabove 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Detete TITLE ☐ Addition Stokes, Anne V. NAME STOKES, ANNE V NAME 2029 Arasley Drive STREET ADDRESS STREET ADDRESS 184 SW 131ST ST CITY-ST-ZIP NEWBERRY FL 32669 orlando, FC 32804 CITY+ST-7IP TITLE ☐ Defete Change TITLE ■ Addition NAME AUSTIN, ROBERT J NAME 7224 ALAFIA RIDGE LOOP STREET ADDRESS STREET ADDRESS RIVERVIEW FL 33568 CITY-ST-ZIP CITY-ST-ZIP vs .___ TITLE _ Delete TITLE__ __ Change __ Addition POCHUREK, JAMES NAME NAME STREET ADDRESS 4038 NW 18TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF GAINESVILLE FL 32605 TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119. 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. 352-284-3506

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Anne V. Stokes Ph. D)

FILED

352-333-0049

Daytime Phone #