

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000072718

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** SOUTHEASTERN ARCHEOLOGICAL RESEARCH, INC.

**Current Principal Place of Business:**

315 NW 138TH TERRACE  
NEWBERRY, FL 32669 US

**New Principal Place of Business:**

**Current Mailing Address:**

315 NW 138TH TERRACE  
NEWBERRY, FL 32669 US

**New Mailing Address:**

**FEI Number:** 59-3215370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

STOKES, ANNE V  
2629 ARDSLEY DR  
ORLANDO, FL 32804 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: PTD  
Name: STOKES, ANNE V  
Address: 2629 ARDSLEY DR  
City-St-Zip: ORLANDO, FL 32804

Title: V  
Name: AUSTIN, ROBERT J  
Address: 7224 ALAFIA RIDGE LOOP  
City-St-Zip: RIVERVIEW, FL 33568

Title: VS  
Name: POCHUREK, JAMES  
Address: 7040 EAST HWY 318, PO BOX 971  
City-St-Zip: CITRA, FL 32113

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: ANNE V. STOKES

PTD

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date