

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**



**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 501251**

1. Entity Name  
**ARCHAEOLOGICAL CONSULTANTS, INCORPORATED**



Principal Place of Business  
**8110 BLAIE COURT  
SUITE A  
SARASOTA, FL 34240 US**

Mailing Address  
**PO BOX 5103  
SARASOTA, FL 34277-5103 US**



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1712538**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MARABLE, STANLEY E.  
677 WASHINGTON BLVD. N.  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ALMY, MARION E  
STREET ADDRESS 2100 MCCLELLAN PKWY  
CITY ST ZIP SARASOTA, FL 34239

TITLE D  
NAME DEMING, JOAN  
STREET ADDRESS 271 1ST AVE SW  
CITY ST ZIP LARGO, FL 33770

TITLE D  
NAME MARABLE, STANLEY E  
STREET ADDRESS 677 WASHINGTON BLVD N  
CITY ST ZIP SARASOTA, FL 34236

TITLE D  
NAME REED, NANCY B  
STREET ADDRESS 1312 65TH STREET  
CITY ST ZIP LUBBOCK, TX 79423

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

000000581435  
01/10/07-80087-024 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

**SIGNATURE:**

*Marion E Almy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daylong ID# 100 #