

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
08 JAN 11 PM 5:07

STATE
TALLAHASSEE, FLORIDA



01072008 No Chg-P CR2E034 (11/05)

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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, 2008 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

000115855770
01/23/08--01005--024 **158.75

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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

1/7/08
Date

941-379-6206
Daytime Phone #