

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 501251

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: ARCHAEOLOGICAL CONSULTANTS, INCORPORATED

**Current Principal Place of Business:**

8110 BLAIKIE COURT  
SUITE A  
SARASOTA, FL 34240 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5103  
SARASOTA, FL 342775103 US

**New Mailing Address:**

FEI Number: 59-1712538

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ALMY, MARION E  
Address: 2100 MCCLELLAN PKWY  
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete  
Name: DEMING, JOAN  
Address: 271 1ST AVE SW  
City-St-Zip: LARGO, FL 33770

Title: D ( ) Delete  
Name: MARABLE, STANLEY E  
Address: 677 WASHINGTON BLVD N  
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete  
Name: REED, NANCY B  
Address: 1312 65TH STREET  
City-St-Zip: LUBBOCK, TX 79423

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARION M. ALMY

PD

01/16/2009

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

\_\_\_\_\_  
Date