


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000001196 1. Entity Name GULF ARCHAEOLOGY RESEARCH INSTITUTE, INC.	
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Principal Place of Business 5990 NORTH TALLAHASSEE ROAD CRYSTAL RIVER, FL 34428 US	Mailing Address 5990 NORTH TALLAHASSEE ROAD CRYSTAL RIVER, FL 34428 US
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04122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3296789	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ELLIS, GARY D 5990 NORTH TALLAHASSEE ROAD CRYSTAL RIVER, FL 34428
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**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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, GARY D 2215 W DEER TRAIL LANE LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, JEANNE E 2215 W DEER TRAIL LANE LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENSON, ROBIN L 714 MOUNTAIN GAP ROAD HUNTSVILLE, AL 35803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UP00000561881
05/19/06-80032-016 61.25

**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 617, 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: GARY D. ELLIS **GARY D. ELLIS** 5/1/06 352-564-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #