

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90037 004 \*\*\*150.00

**DOCUMENT # F01000001337**

1. Entity Name

SUN-RICH OF ATLANTA, INC.



Principal Place of Business

807 E MAIN ST  
IMMOKALEE FL 34143

Mailing Address

PO BOX 469  
PERU IL 61354

2. Principal Place of Business

1407 Bank Road

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 469

Suite, Apt. #, etc.

City & State

Margate, FL

City & State

Peru, IL

Zip

33063

Country

Broward

Zip

61354

Country

LaSalle

4. FEI Number

36-4043608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, PAUL G  
1500 SOUTH DIXIE HWY STE 200  
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME NEECE, WILLIAM M  
STREET ADDRESS 960 CAPE MARCO DR. 1102  
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE PD ☐ Delete  
NAME NEECE, WILLIAM M JR.  
STREET ADDRESS 974 GOLDEN CANE DR.  
CITY-ST-ZIP WESTON FL 33327

TITLE ST ☐ Delete  
NAME HURLEY, PAMELA J  
STREET ADDRESS 910 PROSPECT AVE.  
CITY-ST-ZIP PERU IL 61354

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Pamela J Hurley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

4/8/05

Date

815-223-0141

Daytime Phone #