## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 12, 2004 8:00 am Secretary of State DOCUMENT # F98000004533 1. Entity Name 04-12-2004 90677 047 \*\*\*150.00 SUN-RICH AMERICA, INC. Principal Place of Business Mailing Address 910 PROSPECT P.O BOX 469 TO 10CUPH **PERU IL 61354** PERU IL 61354 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 36-4052508 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEECE, WILLIAM M JR. Street Address (P.O. Box Number is Not Acceptable) >974 GOLDEN CANE DRIVE . WESTON FL 33327 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing -\$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE CPD ☐ Delete TITLE Vice-President Change . □ Addition NEECE, WILLIAM M SR. William M. Neece, Sr. NAME NAME 960 CAPE MARCO DRIVE, UNIT 1102 STREET ADDRESS STREET ADDRESS 960 Cape Marco Drive, Unit 1102 MARCO ISLAND FL 34145 CITY-ST-ZIP CITY-ST-ZIP Marco Island, FL 34145 ST ☐ Delete Change ☐ Addition TITLE TITLE HURLEY, PAMELA J NAME NAME STREET ADDRESS STREET ADDRESS 910 PROSPECT AVE. PERU IL 61354 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Defete President NAME NAME \* William M. Neece, Jr. STREET ADDRESS STREET ADDRESS 974 Golden Cane Drive CITY-ST-ZIP CITY-ST-ZIP Weston, FL 33327 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED

PAMELA T. HURLEY 4/8/04

NING OFFICER OR DIRECTOR

Date 815-223-0141 SIGNATURE: