

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-13-2005 90026 024 ***150.00

DOCUMENT # F98000004533

1. Entity Name

SUN-RICH AMERICA, INC.



Principal Place of Business

910 PROSPECT
PERU IL 61354

Mailing Address

P.O BOX 469
PERU IL 61354

2. Principal Place of Business

1407 Banks Road
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 469
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State
Margate, FL

City & State
Peru, IL

4. FEI Number
36-4052508

Applied For
Not Applicable

Zip
33063

Country
Broward

Zip
61354

Country
LaSalle

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEECE, WILLIAM M JR.
974 GOLDEN CANE DRIVE
WESTON FL 33327

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 **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
NEECE, WILLIAM M SR.
960 CAPE MARCO DRIVE, UNIT 1102
MARCO ISLAND FL 34145 ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

4/8/05

Date

815-223-0141

Daytime Phone #