


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-13-2005 90037 013 \*\*\*150.00

**DOCUMENT # F98000004536**

1. Entity Name  
**NEECE, INC.**



Principal Place of Business      Mailing Address

**910 PROSPECT PERU IL 61354**      **PO BOX 469 PERU IL 61354**

**20031388**



1st MOORE      CR2E034 (10/04)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      **36-3957507**      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 P.A.  
 1500 S. 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 \_\_\_\_\_ (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	VD	<input type="checkbox"/> Delete
NAME	NEECE, ROBERT H.	
STREET ADDRESS	1164 WICKER DR	
CITY-ST-ZIP	COLONIAL HEIGHTS VA 23834	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEECE, WILLIAM M JR	
STREET ADDRESS	974 GOLDEN CANE DR.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33327	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEECE, SHEILA D	
STREET ADDRESS	278-284 S. MAIN ST	
CITY-ST-ZIP	MARSEILLES IL 61341	
TITLE	S	<input type="checkbox"/> Delete
NAME	HURLEY, PAMELA J	
STREET ADDRESS	910 PROSPECT AVE.	
CITY-ST-ZIP	PERU IL 61354	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPURLOCK, BERYL J	
STREET ADDRESS	159 SW 47TH TER UNIT 102	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	SONNON, DONNA F	
STREET ADDRESS	5043 BLACKBERRY LANE	
CITY-ST-ZIP	BUFORD GA 30518-1309	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William M. Neece	
STREET ADDRESS	960 Cape Marco Dr. #1102	
CITY-ST-ZIP	Marco Island, FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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*      **SECRETARY**      4/8/05      815-223-0141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #