

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 19, 2007 08:00 AM  
Secretary of State

DOCUMENT # F98000004536

1. Entity Name  
NEECE, INC.



Principal Place of Business  
910 PROSPECT  
PERU IL 61354

Mailing Address  
PO BOX 469  
PERU IL 61354



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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

7. Name and Address of New Registered Agent

FLETCHER, PAUL G P.A.  
1500 S. DIXIE HWY., STE. 200  
CORAL GABLES FL 33146

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)

U000000718614  
05/01/07-80031-002 150.00  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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 ☐ Delete  
NAME NEECE, ROBERT H  
STREET ADDRESS 1164 WICKER DR  
CITY-STATE-ZIP COLONIAL HEIGHTS VA 23834

TITLE D ☐ Delete  
NAME NEECE, WILLIAM M JR  
STREET ADDRESS 974 GOLDEN CANE DR.  
CITY-STATE-ZIP FORT LAUDERDALE FL 33327

TITLE D ☐ Delete  
NAME NEECE, SHEILA D  
STREET ADDRESS 278-284 S. MAIN ST  
CITY-STATE-ZIP MARSEILLES IL 61341

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

TITLE D ☐ Delete  
NAME SPURLOCK, BERYL J  
STREET ADDRESS 159 SW 47TH TER UNIT 102  
CITY-STATE-ZIP CAPE CORAL FL 33914

TITLE D ☐ Delete  
NAME SONNON, DONNA F  
STREET ADDRESS 5043 BLACKBERRY LANE  
CITY-STATE-ZIP BUFORD GA 30518-1309

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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

PAMELA J. HURLEY

4/17/07

Date

Daytime Phone #