


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90035 007 ***150.00

DOCUMENT # F98000004536	
1. Entity Name NEECE, INC.	

Principal Place of Business 910 PROSPECT PERU IL 61354	Mailing Address PO BOX 469 PERU IL 61354
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State
Zip	Country

4. FEI Number 36-3957507	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FLETCHER, PAUL G P.A. 1500 S. DIXIE HWY., STE. 200 CORAL GABLES FL 33146	
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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, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Neece, William M. Jr.
STREET ADDRESS	19332 Stonebrook
CITY-ST-ZIP	Weston, FL 33332
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 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:  **Pamela J. Hurley, Secretary** 4/25/08 815-223-0141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #