2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# F98000004536

Entity Name: NEECE, INC.

Current Principal Place of Business:

910 PROSPECT
PERU, IL 61354

New Principal Place of Business:

Current Mailing Address:

PO BOX 469
PERU, IL 61354

New Mailing Address:

FEI Number: 36-3957507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: NEECE, ROBERT H
Address: 1164 WICKER DR
City-St-Zip: COLONIAL HEIGHTS, VA 23834

Title: D ( ) Delete
Name: NEECE, WILLIAM M JR
Address: 19332 STONEBROOK BLVD
City-St-Zip: WESTON, FL 33332

Title: D ( ) Delete
Name: NEECE, SHEILA D
Address: 278-284 S. MAIN ST
City-St-Zip: MARSEILLES, IL 61341

Title: S ( ) Delete
Name: HURLEY, PAMELA J
Address: 910 PROSPECT AVE.
City-St-Zip: PERU, IL 61354

Title: D ( ) Delete
Name: SPURLOCK, BERYL J
Address: 159 SW 47TH TER UNIT 102
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete
Name: SONNON, DONNA F
Address: 5043 BLACKBERRY LANE
City-St-Zip: BUFORD, GA 305181309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA J. HURLEY SECR 04/14/2009

Electronic Signature of Signing Officer or Director Date