2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State
04-14-2004 90030 034 ***150.00

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1. Entity Name
WILLIAM NEECE CORPORATION

Principal Place of Business | Mailing Address

01232004 No Chg-P CR2E034 (10/03)

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4. FEI Number
30-0036242
☐ 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 ESQ.
BANK OF AMERICA BULDING
1500 SOUTH DIXIE HWY STE 200
CORAL GABLES, FL 33146

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NEECE SR, WILLIAM M
STREET ADDRESS	960 CAPE MARCO DR., UNIT 1102
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	VP
NAME	NEECE JR, WILLIAM M
STREET ADDRESS	374 GOLDEN CANE DR.
CITY-ST-ZIP	WESTON, FL 33327
TITLE	T
NAME	NEECE, ROBERT H
STREET ADDRESS	1164 WICKER DRIVE
CITY-ST-ZIP	COLONIAL HEIGHTS, VA 23834
TITLE	S
NAME	HURLEY, PAMELA J
STREET ADDRESS	910 PROSPECT AVENUE
CITY-ST-ZIP	PERU, IL 61354
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Pamela J Hurley PAMELA J. HURLEY 4/8/04 815-223-6141
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR AGENT — DATE — DAYTIME PHONE #