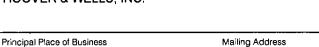
2008 FOR PROFIT CORPORATION

ANNUAL REPORT **DOCUMENT # F07000004165** 1. Entity Name HOOVER & WELLS, INC.



FILED Aug 27, 2008 08:00 AM Secretary of State



2011 SEAMAN ST TOLEDO, OH 43605



No Chg-P CR2E034 (11/05) 08222008

Applied For 4. FEI Number 34-1402057 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL. 33324

2011 SEAMAN ST

TOLEDO, OH 43605

DO NOT WRITE IN THIS SPACE

							i Monda.
	named entity submits this statement for the plons of registered agent.	surpose of changing its registere	ed office or reg	gistered agent, or bo	eth, in the State of Florid	a. I am familiar wi	th, and accept
SIGNATURE.						, No. 1	
	Signature, typed or printed name of registered agent and title i	f applicable (NOTE: Registere	d Agent signatura re	quired when reinstating)		DATE ;,	ni J
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Finar Trust Fund Contribution.		ncing ,	\$5.00 May Be Added to Fees	In accordance with corporation did not	s. 607.193(2)(b), F.S., the or notice.	
10.	OFFICERS AND DIREC	CTORS .		Tue for	TO PERSON	(1) 对 (1) 数 (1) (1)	36.
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P HOOVER, MARGARET 2011 SEAMAN ST TOLEDO, OH 43605 V CORSINI, JOHN 2011 SEAMAN ST TOLEDO, OH 43605 S CORSINI, BARBARA				U0000035 08/27/08-80	8508 005-018 1	50.00
STREET ADDRESS CITY-ST-ZIP	2011 SEAMAN ST TOLEDO, OH 43605		yand en Albert	DO	NOT WE	UTE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PUDLICKI, LISA 2011 SEAMAN ST TOLEDO, OH 43605				THIS SPA		
TITLE NAME							

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 employered to execute his 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 movement.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP