


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000004165

1. Entity Name
HOOVER & WELLS, INC.



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

Principal Place of Business 2011 SEAMAN ST TOLEDO, OH 43605	Mailing Address 2011 SEAMAN ST TOLEDO, OH 43605
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08222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1402057	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

DO NOT WRITE
IN THIS SPACE

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) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOOVER, MARGARET 2011 SEAMAN ST TOLEDO, OH 43605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORSINI, JOHN 2011 SEAMAN ST TOLEDO, OH 43605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORSINI, BARBARA 2011 SEAMAN ST TOLEDO, OH 43605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PUDLICKI, LISA 2011 SEAMAN ST TOLEDO, OH 43605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

U00000958508
08/27/08-80005-018 150.00

12. I hereby certify that the information supplied with this filing 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 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: *Barbara Corsini*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/08 419-691-9220
Date Daytime Phone #