

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051859

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: NIELSON, HOOVER & ASSOCIATES, INCORPORATED

**Current Principal Place of Business:**

8000 GOVERNORS SQUARE BLVD  
SUITE 101  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

8000 GOVERNORS SQUARE BLVD  
SUITE 101  
MIAMI LAKES, FL 33016

**New Mailing Address:**

FEI Number: 65-1125200      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ROBINSON, RAYMOND L ESQ.  
1501 VENERA AVE., SUITE 300  
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: PTD ( ) Delete  
Name: NIELSON, CHARLES J  
Address: 8000 GOVERNORS SQUARE BLVD #101  
City-St-Zip: HIALEAH, FL 33016

Title: SD ( ) Delete  
Name: NIELSON, OLGA  
Address: 8000 GOVERNORS SQUARE BLVD  
City-St-Zip: MIAMI LAKES, FL 33016

Title: VD ( ) Delete  
Name: HOOVER, DAVID R  
Address: 8000 GOVERNORS BLVD #101  
City-St-Zip: MIAMI LAKES, FL 33016

**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:

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: DAVID R. HOOVER

EVP

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date