
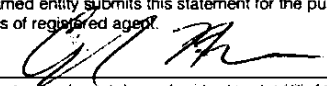
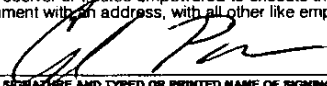


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90094 038 \*\*\*150.00

<b>DOCUMENT # P04000033931</b> 1. Entity Name <b>LAW OFFICES OF CHERYL HOOVER, P.A.</b>			
Principal Place of Business <b>3383 MARINER BLVD. SPRING HILL, FL 34609</b>		Mailing Address <b>3383 MARINER BLVD. SPRING HILL, FL 34609</b>	
2. Principal Place of Business - No P.O. Box # <b>14231 Powell Rd.</b>		3. Mailing Address <b>14231 Powell Rd.</b>	
Suite, Apt. #, etc. <b>#21</b>		Suite, Apt. #, etc. <b>#21</b>	
City & State <b>Spring Hill, FL</b>		City & State <b>Spring Hill, FL</b>	
Zip <b>34609</b>		Zip <b>34609</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>20-0731234</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HOOVER, CHERYL 3383 MARINER BLVD. SPRING HILL, FL 34609</b>		7. Name and Address of New Registered Agent Name <b>Cheryl Powers</b> Street Address (P.O. Box Number is Not Acceptable) <b>14231 Powell Rd. #21</b> City <b>Spring Hill</b> <b>FL</b> Zip Code <b>34609</b>	
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 <b>1-10-08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>HOOVER, CHERYL 3383 MARINER BLVD. SPRING HILL, FL 34609</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Cheryl Powers 14231 Powell Road #21 Spring Hill, FL 34609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date <b>1-10-08</b> Daytime Phone #	