


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90018 023 ***150.00

DOCUMENT # P07000079180

1. Entity Name
A & D HOOVER ENTERPRISES INC.



Principal Place of Business Mailing Address
2229 SE 15TH PLACE **2229 SE 15TH PLACE**
CAPE CORAL, FL 33990 US **CAPE CORAL, FL 33990 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2229 SE 5th Place **2229 SE 5th Place**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Cape Coral FL **Cape Coral FL**
 Zip Country Zip Country
33990 Lee **33990 Lee**



03252008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
HOOVER, WILLIAM
2229 SE 15TH PLACE
CAPE CORAL, FL 33990

4. FEI Number Applied For
05-1154102 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name **Hoover, William**
 Street Address (P.O. Box Number is Not Acceptable)
2229 SE 5th Place
 City **Cape Coral** **FL** Zip Code **33990**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P, V	<input type="checkbox"/> Delete
NAME	HOOVER, WILLIAM A	
STREET ADDRESS	2229 SE 15TH PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE	S, T	<input type="checkbox"/> Delete
NAME	HOOVER, DARA N	
STREET ADDRESS	2229 SE 15TH PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hoover, William A.	
STREET ADDRESS	2229 SE 5th Place	
CITY-ST-ZIP	Cape Coral FL 33990	
TITLE	S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, DARA N	
STREET ADDRESS	2229 SE 5th Place	
CITY-ST-ZIP	Cape Coral FL 33990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: William Hoover Date: 4-9-08 Daytime Phone #: 239-462-1672