



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90426 029 \*\*\*150.00

<b>DOCUMENT # P99000092848</b> 1. Entity Name <b>HOOVER PLANNING &amp; DEVELOPMENT, INC.</b>					
Principal Place of Business <b>3785 AIRPORT ROAD N</b> <b>STE B-1</b> <b>NAPLES, FL 34105</b>			Mailing Address <b>3785 AIRPORT ROAD N</b> <b>STE B-1</b> <b>NAPLES, FL 34105</b>		
2. Principal Place of Business - No P.O. Box # <b>3775 Airport Rd. N.</b> Suite, Apt. #, etc. <b>Suite B</b> City & State <b>Naples FL</b> Zip <b>34105</b>		3. Mailing Address <b>3775 Airport Rd. N.</b> Suite, Apt. #, etc. <b>Suite B</b> City & State <b>Naples FL</b> Zip <b>34105</b>		<div style="font-size: 1.2em; font-weight: bold;">00089946</div> 	
4. FEI Number <b>59-3606548</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, WILLIAM</b> <b>3785 NORTH AIRPORT ROAD N 3775</b> <b>STE B-1</b> <b>NAPLES, FL 34105</b>			7. Name and Address of New Registered Agent Name <b>Hoover, William</b> Street Address (P.O. Box Number is Not Acceptable) <b>3775 Airport Rd N. #</b> <b>Suite B</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34105</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: <u>William Hoover</u> <b>William L. Hoover, Pres</b> <b>4-27-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HOOVER, WILLIAM <input type="checkbox"/> Delete 3785 AIRPORT RD N, STE B-1 NAPLES, FL 34105		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hoover, William 3775 Airport Rd. N., Suite B Naples, FL 34105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HOOVER, CHARLENE <input type="checkbox"/> Delete 3785 AIRPORT RD N, STE B-1 NAPLES, FL 34105		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hoover, Charlene 3775 Airport Rd. N., Suite B Naples, FL 34105	
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: <u>William Hoover</u> <b>William L. Hoover, Pres</b> <b>4-27-07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>239-</b> <b>403-8899</b> <small>Date Daytime Phone #</small>		