


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90426 029 ***150.00

DOCUMENT # P99000092848

1. Entity Name
HOOVER PLANNING & DEVELOPMENT, INC.



Principal Place of Business
**3785 AIRPORT ROAD N
 STE B-1
 NAPLES, FL 34105**

Mailing Address
**3785 AIRPORT ROAD N
 STE B-1
 NAPLES, FL 34105**

2. Principal Place of Business - No P.O. Box #
3775 Airport Rd. N.

3. Mailing Address
3775 Airport Rd. N.

Suite, Apt. #, etc.
Suite B

City & State
Naples FL

City & State
Naples FL

Zip
34105

Country

04092007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3606548

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

6. Name and Address of Current Registered Agent

**HOOVER, WILLIAM
 3785 NORTH AIRPORT ROAD N 3775
~~STE B-1~~
 NAPLES, FL 34105**

7. Name and Address of New Registered Agent

Name
Hoover, William

Street Address (P.O. Box Number is Not Acceptable)
3775 Airport Rd N. #

Suite B

City
Naples

FL Zip Code
34105

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: **Wm Hoover, William L. Hoover, Pres** DATE: **4-27-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HOOVER, WILLIAM 3785 AIRPORT RD N, STE B-1 NAPLES, FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HOOVER, CHARLENE 3785 AIRPORT RD N, STE B-1 NAPLES, FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Hoover, William 3775 Airport Rd. N., Suite B Naples, FL 34105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Hoover, Charlene 3775 Airport Rd. N., Suite B Naples, FL 34105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: **Wm Hoover, William L. Hoover, Pres** DATE: **4-27-07** 239-**403-8899**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #