

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90343 048 ***150.00

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|---|---------------------------------|--|--|--|--|
| DOCUMENT # P99000092848 | | | | | |
| 1. Entity Name HOOVER PLANNING & DEVELOPMENT, INC. | | | | | |
| Principal Place of Business 3775 AIRPORT RD N STE B-1 NAPLES, FL 34105 | | | Mailing Address 3775 AIRPORT RD N STE B-1 NAPLES, FL 34105 | | |
| 2. Principal Place of Business - No P.O. Box # 3785 Airport Rd N Suite, Apt. #, etc. Ste B-1 | | 3. Mailing Address 3785 Airport Rd N Suite, Apt. #, etc. Ste B-1 | | | |
| City & State Naples Florida | | City & State Naples Florida | | 4. FEI Number 59-3606548 | |
| Zip 34105 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HOOVER, WILLIAM 3775 AIRPORT RD. N. STE B-1 NAPLES, FL 34105 | | | 7. Name and Address of New Registered Agent Name: Hoover William L Street Address (P.O. Box Number is Not Acceptable): 3785 Airport Rd N Suite, Apt. #, etc.: Ste B-1 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: DATE: 4-24-08 <small>(NOTE: Registered Agent signature required when terminating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE PTD NAME HOOVER, WILLIAM STREET ADDRESS 3775 AIRPORT RD. N SUITE B CITY- ST- ZIP NAPLES, FL 34105 | <input type="checkbox"/> Delete | | TITLE PTD NAME Hoover William L STREET ADDRESS 3785 Airport Rd N. Ste B-1 CITY- ST- ZIP Naples Florida 34105 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VSD NAME HOOVER, CHARLENE STREET ADDRESS 3775 AIRPORT RD. N SUITE B CITY- ST- ZIP NAPLES, FL 34105 | <input type="checkbox"/> Delete | | TITLE VSD NAME Hoover Charlene STREET ADDRESS 3785 Airport Rd N. Ste B-1 CITY- ST- ZIP Naples Florida 34105 | <input checked="" 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: | | | 4-24-08 403-8899 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | |

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