

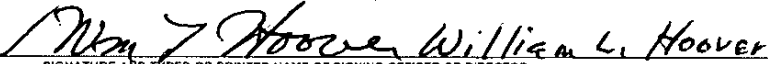


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90343 048 ***150.00

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	
Zip 34105	Country USA	Zip 34105	Country USA
4. FEI Number 59-3606548		Applied For <input type="checkbox"/> Not Applicable	
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 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	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required w/ an annual filing)	
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 NAME STREET ADDRESS CITY-ST-ZIP	PTD HOOVER, WILLIAM 3775 AIRPORT RD. N SUITE B NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Hoover William L 3785 Airport Rd N. Ste B-1 Naples Florida 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 type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Hoover Charlene 3785 Airport Rd N. Ste B-1 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
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 4-24-08 403-8899	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

