

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -2 PH 3: 06

DOCUMENT # F04000002141
1. Entity Name
THE HUNTINGTON CORPORATION INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9568 BERGAMO STREET	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
LAKE WORTH, FL	

Zip	Country	Zip	Country
33467-8167	USA		

4. FEI Number	Applied For
52-2054313	Not Applicat

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Addition Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	DONALD H. SILVER
Street Address (P.O. Box Number is Not Acceptable)	
9568 BERGAMO ST	
City	LAKE WORTH FL Zip Code 33467

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 Donald H. Silver **DATE** 4/21/06

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Donald Silver
STREET ADDRESS	9568 Bergamo Street
CITY-ST-ZIP	Lake Worth, FL 33467-8167
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Donald Silver **DATE** 4/25/06 **Daytime Phone #** 561-966436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR