

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000092350

FILED  
Oct 28, 2004  
Secretary of State

Entity Name: HUNTINGTON FINANCIAL, INC.

## Current Principal Place of Business:

2002 SILVER RE DRIVE  
LAKELAND, FL 33810

## New Principal Place of Business:

PO BOX 887  
KATHLEEN, FL 33849

## Current Mailing Address:

2002 SILVER RE DRIVE  
LAKELAND, FL 33810

## New Mailing Address:

PO BOX 887  
KATHLEEN, FL 33849

FEI Number: 74-3102255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HORVATH, BARBARA A  
2957 DUFF RD.  
LAKELAND, FL 33810 US

## Name and Address of New Registered Agent:

HORVATH, BARBARA A  
PO BOX 887  
KATHLEEN, FL 33849 US

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.

SIGNATURE: BARBARA A HORVATH

10/28/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HORVATH, BARBARA A  
Address: 2202 SILVER RE DRIVE  
City-St-Zip: LAKELAND, FL 33810

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HORVATH, BARBARA A  
Address: PO BOX 887  
City-St-Zip: KATHLEEN, FL 33849

Title: D ( ) Change (X) Addition  
Name: HORVATH, DANNY C  
Address: PO BOX 887  
City-St-Zip: KATHLEEN, FL 33849

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA HORVATH

D

10/28/2004

Electronic Signature of Signing Officer or Director

Date