

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2007 8:00 am
Secretary of State

08-29-2007 90002 020 ***158.75

DOCUMENT # P06000076861

1. Entity Name

HUNTINGTON FINANCIAL SERVICES INC.



Principal Place of Business

4202 SNOWBERRY LANE
NAPLES FL 34119

Mailing Address

4202 SNOWBERRY LANE
NAPLES FL 34119

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-5172799

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

2nd MOORE

CR2E034 (4/07)



6. Name and Address of Current Registered Agent

TOMHAVE, JONATHAN F
4202 SNOWBERRY LANE
NAPLES FL 34119

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P,D ☐ Delete
NAME TOMHAVE, JONATHAN F
STREET ADDRESS 4202 SNOWBERRY LANE
CITY-ST-ZIP NAPLES FL 34119

TITLE S,T ☐ Delete
NAME TOMHAVE, BEVERLY K
STREET ADDRESS 4202 SNOWBERRY LANE
CITY-ST-ZIP NAPLES FL 34119

TITLE D ☐ Delete
NAME TOMHAVE, BEVERLY K
STREET ADDRESS 4202 SNOWBERRY LANE
CITY-ST-ZIP NAPLES FL 34119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jonathan Tomhave
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan Tomhave

20 Aug 2007

287-4042

Daytime Phone #