


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90005 040 \*\*\*150.00

<b>DOCUMENT # P99000045710</b>	
1. Entity Name <b>HUNTINGTON TITLE SERVICES, INC.</b>	

Principal Place of Business <b>201-W. CANTON AVE. SUITE 150 100 WINTER PARK FL 32789</b>	Mailing Address <b>201 W. CANTON AVE. SUITE 150 100 WINTER PARK FL 32789</b>
-----------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

2. Principal Place of Business  Suite, Apt. #, etc. <i>Suite 100</i> City & State  Zip Country	3. Mailing Address  Suite, Apt. #, etc. <i>Suite 100</i> City & State  Zip Country
---------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------

4. FEI Number <b>59-3591244</b>	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  <b>JAMES, RHONDA 201 WEST CANTON AVENUE SUITE 150 100 WINTER PARK FL 32789</b>	
---------------------------------------------------------------------------------------------------------------------------------------------------	--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Rhonda James</i> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE <i>1-28-04</i>	
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-----------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, MICHAEL 7575 HUNTINGTON PARK DRIVE COLUMBUS OH 43235 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRADLEY, BRUCE 2733 CLARK DRIVE GROVE CITY OH 43123 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARMON, THOMAS J 3588 RIVERVALE DRIVE COLUMBUS OH 43221-5626 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORTON, DANIEL W 83 ARDEN ROAD COLUMBUS OH 43214 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LIEBERSBACH, JOHN W 159 MISTY OAK PLACE COLUMBUS OH 43230 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAKE, RODNEY H 7230 DONNYBROOK DRIVE DUBLIN OH 43017 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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 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:** *Bruce A. Bradley* **BRUCE A. BRADLEY** *1/27/04* **614-480-6823**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #