


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 08, 2006 8:00 am
Secretary of State

06-08-2006 90003 011 ***150.00

DOCUMENT # 576189				
1. Entity Name FAVORITE STUDIOS, INC.				
Principal Place of Business 1830 KINGS AVE JACKSONVILLE, FL 32207		Mailing Address 1830 KINGS AVE JACKSONVILLE, FL 32207		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
05262006		Chg-P CR2E034 (11/05)		
4. FEI Number 59-1873843		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		7. Name and Address of New Registered Agent		
FAVORITE, BETSY R 1830 KINGS AVENUE JACKSONVILLE, FL 32207		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAVORITE, GERALD B	NAME		
STREET ADDRESS	1830 KINGS AVE	STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000,	CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAVORITE, BETSY R	NAME		
STREET ADDRESS	1830 KINGS AVE	STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000,	CITY-ST-ZIP		
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEAPE, STEVEN C	NAME		
STREET ADDRESS	1830 KINGS AVE	STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000,	CITY-ST-ZIP		
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARMAN, SARING	NAME		
STREET ADDRESS	1830 KINGS AVE	STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP		
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HDSCLAW, KATIEN E	NAME		
STREET ADDRESS	1830 KINGS AVE	STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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: <u>Betsy Lawrence</u>		4-28-06	904.399.5199	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>	



ATTACHMENT
Division of Corporations

40095134

Annual Report

Annual Report Help

Document Number
576189

Business Entity Name
FAVORITE STUDIOS, INC.

FEI Number	59187384			
FEI Number Status		Listed Above	Applied For	Not Applicable
Certificate of Status Desired		Yes	No	\$8.75 each
Election Campaign Financing Trust Fund Contribution		Yes	No	

Principal Place of Business

Address **1830 KINGS AVE**

Suite, Apt. #, etc.

City, State **JACKSONVILLE, FL**

Zip Code & Country **32207**

Mailing Address

Address **1830 KINGS AVE**

Suite, Apt. #, etc.

City, State **JACKSONVILLE, FL**

Zip Code & Country **32207**

Name and Address of Registered Agent

Name (Last, First, Middle, Title) **FAVORITE, BETSY, R, Resident**

- OR -

Business to serve as RA

Address (PO Box is not acceptable) **1830 KINGS AVENUE**

Suite, Apt. #, etc.

City, State **JACKSONVILLE, FL**

Zip Code & Country **32207 US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature *Betsy Favorite*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

ATTACHMENT - 40095134

Officer/Director Name and Address #5 76189

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title SD
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director FAVORITE, GERALD B

Street Address 1830 KINGS AVE
City, State JACKSONVILLE, FL 00000
Zip Code & Country

Title PD
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director FAVORITE, BETSY R

Street Address 1830 KINGS AVE
City, State JACKSONVILLE, FL 00000
Zip Code & Country

Title DV
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director HEAPE, STEVEN C

Street Address 1830 KINGS AVE
City, State JACKSONVILLE, FL 00000
Zip Code & Country

Title DV
Name (Last, First, Middle, Title) PARMAN, SARING

- OR -

Entity Name to serve as Officer/Director

Street Address 1830 KINGS AVE
City, State JACKSONVILLE, FL
Zip Code & Country 32207

ATTACHMENT

40095134

#576189

Title DV
Name (Last, First, Middle, Title) HDSCLOW, KATIEN, E,

- OR -

Entity Name to serve as Officer/Director

Street Address 1830 KINGS AVE
City, State JACKSONVILLE, FL
Zip Code & Country 32207

Title
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State ,
Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title President
Officer/Director-Signature *Susan R. Lawrence*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

[Sunbiz Home Page](#)

[Annual Report Help](#)