


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAR 28 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 576189		
1. Entity Name FAVORITE STUDIOS, INC.		
Principal Place of Business 1830 KINGS AVE JACKSONVILLE, FL 32207 3470 HIDDEN LAKE DR. E. JACKSONVILLE FL 32216	Mailing Address 1830 KINGS AVE JACKSONVILLE, FL 32207 3470 HIDDEN LAKE DR. E. JACKSONVILLE, FL 32216	



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1873843	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FAVORITE, BETSY R 1830 KINGS AVENUE JACKSONVILLE, FL 32207

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO FAVORITE, GERALD B 1830 KINGS AVE JACKSONVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAVORITE, BETSY R 1830 KINGS AVE 3470 HIDDEN LAKE DR. E. JACKSONVILLE, FL 00000- 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HEAPE, STEVEN C 1830 KINGS AVE JACKSONVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PARMAN, SARING 1830 KINGS AVE 3470 HIDDEN LAKE DR. E. JACKSONVILLE, FL 32207 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

900122774319
04/10/08--01005--021 **150.00

DO NOT WRITE
IN THIS SPACE

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: Betsy R. Favorite
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-14-08 Daytime Phone #