


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90327 001 \*\*\*300.00

**DOCUMENT # P02000003358**

1. Entity Name  
**FAVOR REALTY, INC.**



Principal Place of Business      Mailing Address

432 LA VALENCIA CIR-  
 PANAMA CITY BCH, FL 32413  
*15243 Hwy 77  
 Panama City, FL 32409*

P.O. BOX 611366  
 ROSEMARY BCH, FL 32461

**66408956**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

03252004      Chg-P      CR2E034 (10/03)

**6. Name and Address of Current Registered Agent**

**WOYTOWICH, KAREN**  
**15243 HWY 77**  
**PANAMA CITY, FL 32409**

**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: *Karen Woytowich*      DATE: *3/25/04*

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WOYTOWICH, KAREN 15243 HWY 77 PANAMA CITY, FL 32409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Karen Woytowich*      DATE: *3/25/04*      DAYTIME PHONE #: *850.896.6738*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #