



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000023873	
1. Entity Name HIGHLY FAVORED, INC.	

Principal Place of Business 2324 SOUTH HAMPTON DR TALLAHASSEE, FL 32311 1606 Sequoia Dr Tallahassee, FL 32301	Mailing Address 2324 SOUTH HAMPTON DR- TALLAHASSEE, FL 32311 Same
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DO NOT WRITE IN THIS SPACE

FILED  
05 APR 29 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0435304	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MANAUSA, DANIEL E  
3520 THOMASVILLE RD., 4TH FL  
TALLAHASSEE, FL 32309

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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	400054126024 05/10/05--01010--007 **150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HALL, ANGELA JACKSON 2324 S. HAMPTON DR. TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HILL, ANNIE R 1606 SEQUOIA DR. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(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: Annie R Hill 4/29/05 850-241-0123  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #