

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90052 009 \*\*\*150.00

**DOCUMENT # F00000001715**

1. Entity Name  
**FIRST AMERICAN HOME BUYERS PROTECTION CORPORATION**



Principal Place of Business  
**7833 HASKELL AVE  
VAN NUYS, CA 91406**

Mailing Address  
**P.O. BOX 10180  
VAN NUYS, CA 91410-0180**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072008

Chg-P

CR2E034 (12/06)

4. FEI Number

**95-3898805**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

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	C	<input checked="" type="checkbox"/> Delete
NAME	WOOL, MARTIN	
STREET ADDRESS	66 BUCKSKIN ROAD	
CITY - ST - ZIP	BELL CANYON, CA 93010	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LANGSTON, DANIEL	
STREET ADDRESS	2734 N. LOS PINOS CIRCLE	
CITY - ST - ZIP	CAMARILLO, CA 93010	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ROUPE, CARLA	
STREET ADDRESS	7858 HANNA AVE	
CITY - ST - ZIP	CANOGA PARK, CA 91304	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	NAGASAWA, DEBRA	
STREET ADDRESS	5508 N. JON DODSON DRIVE	
CITY - ST - ZIP	AGOURA HILLS, CA 91301	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAVAS, MAGGI	
STREET ADDRESS	30014 PRIMROSE DRIVE	
CITY - ST - ZIP	SAUGUS, CA 91350	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOLDSMITH, KATHY	
STREET ADDRESS	23311 PALOMA BLANCA	
CITY - ST - ZIP	MALIBU, CA 90265	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric Gleason	
STREET ADDRESS	25852 Forsythe Way	
CITY - ST - ZIP	Stevenson Ranch, CA 91381	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patrick W. Hogan	
STREET ADDRESS	3615 Orbetello Court	
CITY - ST - ZIP	Santa Rosa, CA 95404	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawrence F. Hariton	
STREET ADDRESS	6003 Caledonia Court	
CITY - ST - ZIP	Oak Park, CA 91377	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Suzan K. Kelly	
STREET ADDRESS	2003 Coral Springs	
CITY - ST - ZIP	Canyon Lake, TX 78133	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Myrna L. Stone	
STREET ADDRESS	1053 W 2900 SO.	
CITY - ST - ZIP	Syracuse, VT 84075	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harold Hugh Sterling III	
STREET ADDRESS	2019 Finsbury Cove	
CITY - ST - ZIP	Cordova, TN 38016	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Carla M. Roupe* 1/20/08 818-781-5050

Date

Daytime Phone #