

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90009 013 ***150.00

DOCUMENT # F03000000212

1. Entity Name
1ST HOME EQUITY INC.



Principal Place of Business
**117 S.E. MAIN STREET
SIMPSONVILLE, SC 29681**

Mailing Address
**117 S.E. MAIN STREET
SIMPSONVILLE, SC 29681**

50062838



08112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2047523

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BENNETT, RICHARD C
377 MATLAND AVE
STE 2006
ALTAMONTE SPRINGS, FL 32701-5443**

**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 *Richard Bennett* *Richard Bennett* *Aug 11, 05*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	GLASSMAN, TODD
STREET ADDRESS	117 S.E. MAIN STREET
CITY - ST - ZIP	SIMPSONVILLE, SC 29681
TITLE	CP
NAME	GLASSMAN, Todd
STREET ADDRESS	103 SUNSET DR
CITY - ST - ZIP	MAULDIN, SC 29662
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Todd Glassman *Aug, 05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Phone #



ATTACHMENT

Your Mortgage Authority

103 Sunset Dr.

Mauldin, SC 29662

Bus: 864-286-9693 Fax: 864-286-3254

EMAIL: FIRSTHMEQT@AOL.COM

50062838
#F030000002/2

FACSIMILE TRANSMITTAL SHEET

TO: FROM: Todd Glassman
COMPANY: DATE: Aug 15, 05
PHONE NUMBER: TOTAL NO. OF PAGES INCLUDING COVER:
FAX NUMBER SENDER'S REFERENCE NUMBER:
RE: YOUR REFERENCE NUMBER:

☒ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

To whom it may concern:

1st Home Equity never received
anything in the mail stating to
file before a certain date please
release the late fee. my number is
864-325-7035 respectfully,

Todd Glassman