


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

| | | | | | |
|--|---|---------------------------------|--|--|--|
| DOCUMENT # G44693 1. Entity Name FIRST EQUITABLE MORTGAGE COMPANY, INC. | | | |  | |
| Principal Place of Business 13851 SW 67 COURT VILLAGE OF PALMETTO BAY, FL 33158 US | | | Mailing Address 13851 SW 67 COURT VILLAGE OF PALMETTO BAY, FL 33158 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State Zip | | | City & State Zip | | |
| Country | | | Country | | |
| 4. FEI Number 59-2310268 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent DRECKSLER, ALAN L 13851 SW 67 COURT VILLAGE OF PALMETTO BAY, FL 33158 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| DATE _____ | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PS ALAN L. DRECKSLER 13851 SW 67 COURT VILLAGE OF PALMETTO BAY, FL 33158 | <input type="checkbox"/> Delete | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000000603575 02/01/07-80055-011 150.00 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VP DRECKSLER, CHARLES L. 13851 SW 67 COURT VILLAGE OF PALMETTO BAY, FL 33158 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | <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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 01-27-07 Daytime Phone # 305-1662-1921 | | |