


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 213225	
1. Entity Name PREMIUM MORTGAGE, INC.	

Principal Place of Business 1717 EAST FOWLER AVENUE TAMPA, FL 33612	Mailing Address 1717 EAST FOWLER AVENUE TAMPA, FL 33612
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04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0874432	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

**COUCH, THEODORE J
1717 E FOWLER AVE
TAMPA, FL 33612**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME COUCH, THEODORE J
STREET ADDRESS 1717 EAST FOWLER AVE	CITY-ST-ZIP TAMPA, FL 00000,
TITLE VSTD	NAME CROWDER, WILLIAM C
STREET ADDRESS 1717 E. FLOWLER AVE	CITY-ST-ZIP TAMPA, FL 33612
TITLE VP	NAME COUCH, THEODORE J JR
STREET ADDRESS 1717 E FOWLER AVE	CITY-ST-ZIP TAMPA, FL 33612
TITLE V	NAME COUCH, MARTHA
STREET ADDRESS 1717 E FOWLER AVE	CITY-ST-ZIP TAMPA, FL 33612
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

U00000924199
05/16/08-80063-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *William C Crowder* **William C Crowder** **4-23-08** **813-971-1040**

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