

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 213225

**FILED**  
**Jan 17, 2018**  
**Secretary of State**  
**CC4080748975**

**Entity Name:** PREMIUM MORTGAGE, INC.

**Current Principal Place of Business:**

716 W. FLETCHER AVE.  
TAMPA, FL 33612

**Current Mailing Address:**

P.O. BOX 17978  
TAMPA, FL 33682 US

**FEI Number:** 59-0874432

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COUCH, THEODORE J SR.  
716 W. FLETCHER AVE.  
TAMPA, FL 33612 US

*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.*

**SIGNATURE:** THEODORE J. COUCH, SR.

01/17/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name COUCH, THEODORE J SR.  
Address 716 W. FLETCHER AVE  
City-State-Zip: TAMPA FL 33612

Title V, SECRETARY, TREASURER  
Name COUCH, THEODORE J JR.  
Address 716 W. FLETCHER AVE  
City-State-Zip: TAMPA FL 33612

Title V  
Name COUCH, MARTHA K  
Address 716 W. FLETCHER AVE  
City-State-Zip: TAMPA FL 33612

Title VP  
Name COUCH, RICHARD M.  
Address 716 W. FLETCHER AVE.  
City-State-Zip: TAMPA FL 33612

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THEODORE J. COUCH, SR.

**PRESIDENT**

01/17/2018

Electronic Signature of Signing Officer/Director Detail

Date