

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**



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 _____

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

(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 ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

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	

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**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 #