


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 373050

1. Entity Name
TBM PREMIUM FINANCE, INC.



Principal Place of Business Mailing Address

400 EAST CENTRAL BLVD 400 EAST CENTRAL BLVD
 ORLANDO, FL 32801 ORLANDO, FL 32801



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1363694

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TUCKER, J WALTER J
 400 E CENTRAL BLVD
 ORLANDO, FL 32802

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TUCKER, JOHN W III 400 EAST CENTRAL BLVD ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUCKER JR, J WALTER 400 EAST CENTRAL BLVD ORLANDO, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BRANHAM, J T J 400 EAST CENTRAL BLVD ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCRAINE, C LARRY 400 E CENTRAL BLVD ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000137858
 04/29/04-80057-011 150.00

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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: John W. Tucker III **John W. Tucker III** 4-27-04 407-849-6350

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