

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 583936

FILED  
Jan 23, 2008  
Secretary of State

Entity Name: RELIABLE PREMIUM FINANCE COMPANY, INC.

**Current Principal Place of Business:**

5086 NORTH LANE  
ORLANDO, FL 32808106 US

**New Principal Place of Business:**

26600 ACE AVENUE  
LEESBURG, FL 34748 US

**Current Mailing Address:**

P O BOX 685086  
ORLANDO, FL 32868086 US

**New Mailing Address:**

POBOX 492000  
LEESBURG, FL 3474-2000 US

FEI Number: 59-1845592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NICHOLSON, DONALD L  
35703 LAKE UNITY RD.  
FRUITLAND PARK, FL 34731 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: NICHOLSON, DONALD L  
Address: 35703 LAKE UNITY RD.  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: VTD ( ) Delete  
Name: LYDEN, JAMES P,  
Address: 1600 ALABAMA DR, APT#401  
City-St-Zip: WINTER PARK, FL

Title: S ( ) Delete  
Name: CREAMER, CHRISTINA,  
Address: 1340 BUNNELL RD.  
City-St-Zip: APOPKA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTINA L. CREAMER

S

01/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date