

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90331 026 \*\*\*150.00

**DOCUMENT # M94389**

1. Entity Name  
**SUNBELT PREMIUM FINANCE, INC.**



Principal Place of Business  
**32939 COLLEGE AVE  
SAN ANTONIO, FL 33576**

Mailing Address  
**P.O. BOX 189  
SAN ANTONIO, FL 33576**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122004

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-2918173**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIDILI, PAUL PETER  
32939 COLLEGE AVE  
SAN ANTONIO, FL 33576**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME MIDILI, PAUL PETER  
STREET ADDRESS 32939 COLLEGE AVE  
CITY-ST-ZIP SAN ANTONIO, FL

TITLE ☒ Change ☐ Addition  
NAME **D.P.T**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VDD ☒ Delete  
NAME MARTINEZ, MARILIN  
STREET ADDRESS 4107 INTERLAKE DR  
CITY-ST-ZIP TAMPA, FL 33624

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME MIDILI, DENISE O'LEARY  
STREET ADDRESS 32939 COLLEGE AGE  
CITY-ST-ZIP SAN ANTONIO, FL

TITLE ☒ Change ☐ Addition  
NAME **D.V.S**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME GARCES, CARMEN  
STREET ADDRESS 6404 WINDWOOD CT  
CITY-ST-ZIP TAMPA, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PAUL P. MIDILI**

**4/27/04**

Date

**352-588-2271**

Daytime Phone #