

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90087 045 ***150.00

DOCUMENT # P98000089368
 1. Entity Name
 WEALTH ADVISORS-SOUTHEAST, INC.



Principal Place of Business: 1713 MAHAN DR. TALLAHASSEE, FL 32308
 Mailing Address: 1713 MAHAN DR. TALLAHASSEE, FL 32308



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

01072004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3569173 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: WEIDNER, RICHARD A, 1713 MAHAN DR., TALLAHASSEE, FL 32308
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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: _____ (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: D NAME: WEIDNER, RICHARD A STREET ADDRESS: 1713 MAHAN DR. CITY-ST-ZIP: TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: REED, SUMNER A STREET ADDRESS: 1713 MAHAN DR. CITY-ST-ZIP: TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: O NAME: COX, LUTHER T STREET ADDRESS: 1713 MAHAN DR. CITY-ST-ZIP: TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: O NAME: APPLEWHITE, SARA G STREET ADDRESS: 4267 LAFAYETTE ST. CITY-ST-ZIP: MARIANNA, FL 32447	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: O NAME: HUNTER, RODNEY W STREET ADDRESS: 222 FLETCHER ST. CITY-ST-ZIP: THOMASVILLE, GA 31799	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: DIRECTOR NAME: DEEB, FRED M. STREET ADDRESS: 1713 MAHAN DRIVE CITY-ST-ZIP: TALLAHASSEE, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 ~~the~~ empowered.

SIGNATURE: Richard A. Weidner Date: 1/20/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #