

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90032 025 ***150.00

DOCUMENT # S09307		
1. Entity Name WELLS FARGO INSURANCE SERVICES SOUTHEAST, INC.		
Principal Place of Business 311 PARK PLACE BLVD. SUITE 400 CLEARWATER, FL 34619 US	Mailing Address 311 PARK PLACE BLVD. SUITE 400 CLEARWATER, FL 34619 US	



01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3130804	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**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 _____
Signature, typed or printed name of registered agent and title if applicable.

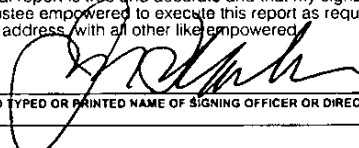
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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	VP SMITH, STEPHEN T 311 PARK PALCE BLVD, SUITE 400 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TALABA, JOHN 311 PARK PALCEA BLVD., STE 400 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FILLMORE, FREDERICK R 311 PARK PLACE BLVD, STE 400 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRESIDENT KENNY, KEVIN T 311 PK PL BLVD, STE 400 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **8-12-08** **727-796-6666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #