2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State
03-31-2008 90032 025 ***150.00

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1. Entity Name
WELLS FARGO INSURANCE SERVICES SOUTHEAST, INC.

Principal Place of Business	Mailing Address
311 PARK PLACE BLVD. SUITE 400 CLEARWATER, FL 34619 US	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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VP
NAME	SMITH, STEPHEN T
STREET ADDRESS	311 PARK PALCE BLVD, SUITE 400
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	VP
NAME	TALABA, JOHN
STREET ADDRESS	311 PARK PALCEA BLVD., STE 400
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	VP
NAME	FILLMORE, FREDERICK R
STREET ADDRESS	311 PARK PLACE BLVD. STE 400
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	~~EVP~~ PRESIDENT
NAME	KENNY, KEVIN T
STREET ADDRESS	311 PK PL BLVD, STE 400
CITY-ST-ZIP	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: _____ 3-12-08 727-796-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #