

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S09307

FILED
Feb 06, 2009
Secretary of State

Entity Name: WELLS FARGO INSURANCE SERVICES SOUTHEAST, INC.

Current Principal Place of Business:

311 PARK PLACE BLVD.
SUITE 400
CLEARWATER, FL 34619 US

New Principal Place of Business:

Current Mailing Address:

311 PARK PLACE BLVD.
SUITE 400
CLEARWATER, FL 34619 US

New Mailing Address:

FEI Number: 94-3130804 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: VP (X) Delete
Name: SMITH, STEPHEN T
Address: 311 PARK PALCE BLVD, SUITE 400
City-St-Zip: CLEARWATER, FL 33759

Title: V () Delete
Name: TALABA, JOHN
Address: 311 PARK PALCEA BLVD., STE 400
City-St-Zip: CLEARWATER, FL 33759

Title: EVP () Delete
Name: KENNY, KEVIN T
Address: 311 PK PL BLVD, STE 400
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: TALABA, JOHN M
Address: 311 PARK PALCEA BLVD., STE 400
City-St-Zip: CLEARWATER, FL 33759

Title: P (X) Change () Addition
Name: KENNY, KEVIN T
Address: 311 PK PL BLVD, STE 400
City-St-Zip: CLEARWATER, FL 33759

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: JOHN M TALABA

VP

02/06/2009

Electronic Signature of Signing Officer or Director

_____ Date