


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000054494	
1. Entity Name WEALTH INSURERS, INC.	

Principal Place of Business 1713 MAHAN DR TALLAHASSEE, FL 32308	Mailing Address 1713 MAHAN DR TALLAHASSEE, FL 32308
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01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3647673	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  WEIDNER, RICHARD A 1713 MAHAN DR TALLAHASSEE, FL 32308
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____	Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEIDNER, RICHARD 1713 MAHAN DRIVE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, SUMNER A 1713 MAHAN DRIVE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, LUTHER 1713 MAHAN DRIVE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APPLEWHITE, SARA G. 4267 LAFAYETTE STREET MARIANNA, FL 32447
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEEB, FREDRICK 1713 MAHAN DRIVE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000000952 01/09/04-80021-014 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: <u>Richard Weidner</u>	Date: <u>1/7/04</u>	Daytime Phone #: <u>850 878 8777</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		