

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 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

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3647673

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

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEIDNER, RICHARD
STREET ADDRESS	1713 MAHAN DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	REED, SUMNER A
STREET ADDRESS	1713 MAHAN DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	COX, LUTHER
STREET ADDRESS	1713 MAHAN DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	APPLEWHITE, SARA G.
STREET ADDRESS	4267 LAFAYETTE STREET
CITY-ST-ZIP	MARIANNA, FL 32447
TITLE	D
NAME	DEEB, FREDRICK
STREET ADDRESS	1713 MAHAN DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000379191
01/10/06-80008-022 150.00

**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: Richard Weidner 1/5/06 850 878 8777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #