

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 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**



01082008 No Chg-P CR2E034 (11/05)

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**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	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	

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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Weidner

1/08/08

Date

850-878-8777

Daytime Phone #