


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000089368 1. Entity Name WEALTH ADVISORS-SOUTHEAST, INC.	
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Principal Place of Business 1713 MAHAN DR. TALLAHASSEE, FL 32308	Mailing Address 1713 MAHAN DR. TALLAHASSEE, FL 32308
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DO NOT WRITE IN THIS SPACE

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3569173

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

Applied For
Not Applicable

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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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	D
NAME	WEIDNER, RICHARD A
STREET ADDRESS	1713 MAHAN DR
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	REED, SUMNER A
STREET ADDRESS	1713 MAHAN DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	O
NAME	COX, LUTHER T
STREET ADDRESS	1713 MAHAN DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	O
NAME	APPLEWHITE, SARA G
STREET ADDRESS	4267 LAFAYETTE ST.
CITY-ST-ZIP	MARIANNA, FL 32447
TITLE	D
NAME	DEEB, FRED M
STREET ADDRESS	1713 MAHAN DR
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000818751
02/15/08-80055-017 150.00

**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 A. Weidner** **2/6/08** **850-878-8777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #