

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90077 031 ***150.00

DOCUMENT # S09307

1. Entity Name
WELLS FARGO INSURANCE SERVICES SOUTHEAST,
INC.



Principal Place of Business Mailing Address
311 PARK PLACE BLVD. 311 PARK PLACE BLVD.
SUITE 400 SUITE 400
CLEARWATER, FL 34619 US CLEARWATER, FL 34619 US

40107711



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

02162007 Chg-P CR2E034 (12/06)

4. FEI Number 94-3130804 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, STEPHEN T	
STREET ADDRESS	311 PARK PALCE BLVD, SUITE 400	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	V	<input type="checkbox"/> Delete
NAME	TALABA, JOHN	
STREET ADDRESS	311 PARK PALCEA BLVD., STE 400	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FILLMORE, FREDERICK R	
STREET ADDRESS	311 PARK PLACE BLVD. STE 400	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	CPCE	<input checked="" type="checkbox"/> Delete
NAME	CONBOY, KEVIN W	
STREET ADDRESS	311 PK PL BLVD, STE 400	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	KENNY, KEVIN T	
STREET ADDRESS	311 PK PL BLVD, STE 400	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	BRAZILL, PATRICK J	
STREET ADDRESS	311 PK PK BLVD, # 400	
CITY-ST-ZIP	CLEARWATER, FL 33759	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Tracy R. Felt*

5/1/07

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