

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90009 041 ***158.75

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1. Entity Name
PROVIDER INDUSTRIES, INC.



Principal Place of Business
**719 LANDA ST.
NEW BRAUNFELS, TX 78130**

Mailing Address
**719 LANDA ST.
NEW BRAUNFELS, TX 78130**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242006

Chg-P

CR2E034 (11/05)

4. FEI Number

75-2669593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DRAGO, JAMES P
333 NE 24TH STREET
BOCA RATON, FL 33431**

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☒ Delete
NAME BELLOMY, DRAKE
STREET ADDRESS 719 LANDA ST.
CITY-ST-ZIP NEW BRAUNFELS, TX 78130

TITLE CP ☒ Change ☐ Addition
NAME BELLOMY, ROBERT
STREET ADDRESS 719 LANDA ST.
CITY-ST-ZIP NEW BRAUNFELS, TX 78130

TITLE V ☐ Delete
NAME BELLOMY, ROBERT
STREET ADDRESS 719 LANDA ST.
CITY-ST-ZIP NEW BRAUNFELS, TX 78130

TITLE V ☐ Change ☒ Addition
NAME RANKIN, MICHAEL
STREET ADDRESS 719 LANDA ST.
CITY-ST-ZIP NEW BRAUNFELS, TX 78130

TITLE ST ☐ Delete
NAME BELLOMY, ARLENE
STREET ADDRESS 719 LANDA ST.
CITY-ST-ZIP NEW BRAUNFELS, TX 78130

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-847-9062