2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # F04000006450

1. Entity Name
PROVIDER INDUSTRIES, INC.

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

DO NOT WRITE IN THIS SPACE

04172008 No 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

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

UD00000917221
05/13/08-80033-004 158.75

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	BELLOMY, ROBERT
STREET ADDRESS	719 LANDA ST.
CITY-ST-ZIP	NEW BRAUNFELS, TX 78130
TITLE	ST
NAME	BELLOMY, ARLENE
STREET ADDRESS	719 LANDA ST.
CITY-ST-ZIP	NEW BRAUNFELS, TX 78130
TITLE	V
NAME	RANKIN, MICHAEL
STREET ADDRESS	719 LANDA ST
CITY-ST-ZIP	NEW BRAUNFELS, TX 78130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4-18-08 888-201-9914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #