


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90174 041 \*\*\*150.00

<b>DOCUMENT # P04000087397</b>	
1. Entity Name <b>NUCLEAR PROVIDERS, INC.</b>	

Principal Place of Business <b>4020 DEL PEADO BOULEVARD SOUTH SUITE A-1 CAPE CORAL, FL 33904</b>	Mailing Address <b>4020 DEL PEADO BOULEVARD SOUTH SUITE A-1 CAPE CORAL, FL 33904</b>
---	---

2. Principal Place of Business <b>1860 Boy Scout Drive</b>	3. Mailing Address <b>1860 Boy Scout Drive</b>
Suite, Apt. #, etc. <b># 201</b>	Suite, Apt. #, etc. <b># 201</b>
City & State <b>Fort Myers, Florida</b>	City & State <b>Fort Myers, Florida</b>
Zip <b>33907</b>	Country <b>USA</b>

00000000



01062005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-1202472</b>		Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>BECKER, GEOFFREY 1860 BOYSCOUT DRIVE #201 FORT MYERS, FL 33907</b>		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	---	------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECKER, GEOFFREY 32 TIMBERLAND CIRCLE NORTH FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Atkins, Curtis 8400 Casa Del Rio Lane Ft. Myers, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MITCHELL, WILLIAM W 205 HAYS FARM COURT GRAY, TN 37615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sackett, John 2905 SE 20th Avenue Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALAN ARP, ALAN W 206 HIDEEN FOREST CT JOHNSBOROUGH, TN 37658 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Oxnard, Robert 5334 Del Monte Court Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PUTNAL, STEPHEN 5430 RIVOLI DRIVE MACON, GA 31210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARREA, MILTON 5812 TALLONWOOD CIRCLE FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEELE, JEFF 11730 TIMBERLAND CIRCLE FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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**  
Date: 1/6/04 Daytime Phone #: 239-277-0990