

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90132 006 \*\*\*150.00

DOCUMENT # P04000087397

1. Entity Name  
NUCLEAR PROVIDERS, INC.



Principal Place of Business  
1860 BAY SCOUT DRIVE  
# 201  
FORT MYERS, FL 33907

Mailing Address  
1860 BAY SCOUT DRIVE  
# 201  
FORT MYERS, FL 33907

50006371



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02102006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-1202472

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

BECKER, GEOFFREY  
1860 BOYSCOUT DRIVE  
#201  
FORT MYERS, FL 33907

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	PD	<input type="checkbox"/> Delete
NAME	BECKER, GEOFFREY	
STREET ADDRESS	32 TIMBERLAND CIRCLE NORTH	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MITCHELL, WILLIAM W	
STREET ADDRESS	205 HAYS FARM COURT	
CITY-ST-ZIP	GRAY, TN 37615	
TITLE	V	<input type="checkbox"/> Delete
NAME	ARP, ALWN W	
STREET ADDRESS	206 HIDEEN FOREST CT	
CITY-ST-ZIP	JOHNSBOROUGH, TN 37658	
TITLE	V	<input type="checkbox"/> Delete
NAME	PUTNAL, STEPHEN	
STREET ADDRESS	5430 RIVOLI DRIVE	
CITY-ST-ZIP	MACON, GA 31210	
TITLE	S	<input type="checkbox"/> Delete
NAME	LARREA, MILTON	
STREET ADDRESS	5812 TALLONWOOD CIRCLE	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEELE, JEFF	
STREET ADDRESS	11730 TIMBERLAND CIRCLE	
CITY-ST-ZIP	FORT MYERS, FL 33912	

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

299 -  
x 2/15/06 x 277-0990 x 22