

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000087397

1. Entity Name
NUCLEAR PROVIDERS, INC.



Principal Place of Business

1840 BOY SCOUT DRIVE
FORT MYERS, FL 33907

Mailing Address

1840 BOY SCOUT DRIVE
UNIT A
FORT MYERS, FL 33907



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

BECKER, GEOFFREY
1840 BOY SCOUT DRIVE
UNIT A
FORT MYERS, FL 33907

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BECKER, GEOFFREY
STREET ADDRESS 32 TIMBERLAND CIRCLE NORTH
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE VD
NAME MITCHELL, WILLIAM W
STREET ADDRESS 205 HAYS FARM COURT
CITY-ST-ZIP GRAY, TN 37615

TITLE V
NAME ARP, ALWN W
STREET ADDRESS 206 HIDEEN FOREST CT
CITY-ST-ZIP JOHNSBOROUGH, TN 37658

TITLE V
NAME PUTNAL, STEPHEN
STREET ADDRESS 5430 RIVOLI DRIVE
CITY-ST-ZIP MACON, GA 31210

TITLE S
NAME LARREA, MILTON
STREET ADDRESS 5812 TALLONWOOD CIRCLE
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE T
NAME STEELE, JEFF
STREET ADDRESS 11730 TIMBERLAND CIRCLE
CITY-ST-ZIP FORT MYERS, FL 33912

**DO NOT WRITE
IN THIS SPACE**

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01/25/08-80027-011 150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Geoffrey Becker
Becker

1/18/08

Date

239-275-6894

Daytime Phone #