

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000090703

1. Entity Name
COMMERCIAL NUCLEAR SERVICES, INC.



Principal Place of Business

P.O. BOX 6339
MARIANNA, FL 32447

Mailing Address

P.O. BOX 6339
MARIANNA, FL 32447 Temp Forwarded
3011 Chapel Bend Dr
Hixson TN 37343

DO NOT WRITE IN THIS SPACE

**FILED
Apr 29, 2004 8:00 am
Secretary of State**

04-29-2004 90206 008 ***150.00



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3602496	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

REDMON, J. SHAD
4450 LAFAYETTE ST.
MARIANNA, FL 32446

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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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME SEAGRAVES, RONALD K
STREET ADDRESS P.O. BOX 6339
CITY-ST-ZIP MARIANNA, FL 32447

TITLE D
NAME SEAGRAVES, NANCY A
STREET ADDRESS P.O. BOX 6339
CITY-ST-ZIP MARIANNA, FL 32447

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Daytime Phone #

4-21-04