


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000002550
 1. Entity Name
MATRIX SERVICE INDUSTRIAL CONTRACTORS, INC.



Principal Place of Business 10701 EAST UTE STREET TULSA, OK 74116 US	Mailing Address 10701 EAST UTE STREET TULSA, OK 74116 US
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DO NOT WRITE IN THIS SPACE



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number 74-2367382	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, VANCE R 10701 EAST UTE STREET TULSA, OK 74116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOGAN, JAMES A 10701 E LITE ST TULSA, OK 74116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD AUSTIN, LES 10701 EAST UTE ST. TULSA, OK 74116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOSBENNER, ALBERT D 10701 E LITE ST TULSA, OK 74116
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:  C.F.O. 02-19-07 (918)533-5830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #