


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P16327  
1. Entity Name  
ENERCON SERVICES, INC.



Principal Place of Business 5100 E SKELLY DR #450 TULSA, OK 74135-6547	Mailing Address 5100 E SKELLY DR #450 TULSA, OK 74135-6547
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**DO NOT WRITE IN THIS SPACE**



04282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 73-1176079	Applied For Not Applicable
5. Certificate of Status Desired. <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2005**

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	PD RICHARDSON, JOHN D 497 GUILFORD CIRCLE MARIETTA, GA 30068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RYAN, JAMES C 7506 E 84TH STREET TULSA, OK 741336633
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, JERRY K 6107 S 219TH EAST AVE BROKEN ARROW, OK 740142033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANESHANSLEY, MICHAEL I 10425 S JOPLIN AVE TULSA, OK 741377047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000356463  
05/04/05-80012-024 61.25

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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 617, 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: X  X 4-29-05 (918) 665-7693  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #