


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P16327</b>		
1. Entry Name <b>ENERCON SERVICES, INC.</b>		
Principal Place of Business <b>5100 E SKELLY DR #450 TULSA, OK 74135-6547</b>	Mailing Address <b>5100 E SKELLY DR #450 TULSA, OK 74135-6547</b>	



05012007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>73-1176079</b>	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)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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	

U00000761825  
 05/25/07-80072-002 61.25

**DO NOT WRITE IN THIS SPACE**

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 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  **James C. Ryan** x (918) 665-7693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #