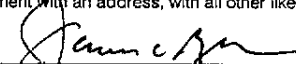


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 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	
DO NOT WRITE IN THIS SPACE			
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2006		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			
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 5-1-06 (918) 645-7693	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



05012006 No Chg-NP CR2E037 (4/06)

4. FEI Number **73-1176079** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

000000562322
05/19/06-80051-012 61.25

**DO NOT WRITE
IN THIS SPACE**