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	Mailing Address
5100 E SKELLY DR #450 TULSA, OK 74135-6547	5100 E SKELLY DR #450 TULSA, OK 74135-6547

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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)

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

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05/19/06-80051-012 61.25

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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 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 James C Ryan X 5-1-06 (918)665-7693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #