

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16327

FILED
May 01, 2008
Secretary of State

Entity Name: ENERCON SERVICES, INC.

Current Principal Place of Business:

5100 E SKELLY DR
#450
TULSA, OK 741356547

New Principal Place of Business:

Current Mailing Address:

5100 E SKELLY DR
#450
TULSA, OK 741356547

New Mailing Address:

FEI Number: 73-1176079 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RICHARDSON, JOHN D
Address: 497 GUILFORD CIRCLE
City-St-Zip: MARIETTA, GA 30068

Title: ST () Delete
Name: RYAN, JAMES C
Address: 7506 E 84TH STREET
City-St-Zip: TULSA, OK 741336633

Title: D () Delete
Name: MARTIN, JERRY K
Address: 6107 S 219TH EAST AVE
City-St-Zip: BROKEN ARROW, OK 740142033

Title: D () Delete
Name: ANESHANSLEY, MICHAEL I
Address: 10425 S JOPLIN AVE
City-St-Zip: TULSA, OK 741377047

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES C RYAN

ST

05/01/2008

Electronic Signature of Signing Officer or Director

Date