

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000000415

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Entity Name:** COLDIRON ASSET RECOVERY, INC.

**Current Principal Place of Business:**

200 N. SOONER ROAD  
EDMOND, OK 73034

**New Principal Place of Business:**

**Current Mailing Address:**

200 N. SOONER ROAD  
EDMOND, OK 73034

**New Mailing Address:**

**FEI Number:** 73-1583549

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PHIL, SHIRLEY  
16100 US HWY 301 NORTH  
DADE CITY, FL 33523 US

**Name and Address of New Registered Agent:**

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: PCD  
Name: COLDIRON, PHIL C  
Address: RT 3 BOX 63  
City-St-Zip: WELSTON, OK 74881

Title: SD  
Name: SIMS, STEPHEN W  
Address: 6400 SANDLEWOOD DR  
City-St-Zip: OKLAHOMA CITY, OK 73132

Title: VPD  
Name: ECCLES, KITRICK  
Address: 7925 LAKE VISTA RD  
City-St-Zip: EDMOND, OK 73034

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PHIL C. COLDIRON

PRES

01/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date