

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000006755

1. Entity Name
TULSA INSPECTION RESOURCES, INC.



Principal Place of Business
12811 E. 86TH PLACE NORTH
SUITE 106
OWASSO, OK 74055

Mailing Address
P.O. BOX 1470
OWASSO, OK 74055



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0054655
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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 re-electing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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
PTD
FITCH, KEVIN
9509 N. 134TH EAST AVE.
OWASSO, OK 74055

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
LORETT, JERRY
406 VALLEY VIEW ROAD
CLEVELAND, OK 74020

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LEDINGHAM, RONALD
ROUTE 3, BOX 402
MANNFORD, OK 74044

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LORETT, RANDALL
607 FRISCO
MORRISON, OK 73061

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000396015
01/27/06-80016-007 150.00

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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all officer-like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/8/06 718-274-1100