


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 20, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # F93000002262**  
1. Entity Name  
**TENCON, INC.**



Principal Place of Business      Mailing Address  
**530 JONES STREET  
VERONA, PA 15147**      **530 JONES STREET  
VERONA, PA 15147**

000000474372  
04/04/06-80021-009 150.00



**DO NOT WRITE IN THIS SPACE**

03052006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**62-1483766**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	PD
NAME	SAXON, EDWARD G
STREET ADDRESS	530 JONES STREET
CITY-ST-ZIP	VERONA, PA 15147
TITLE	D
NAME	ZUNIC, JOSEPH F JR.
STREET ADDRESS	530 JONES STREET
CITY-ST-ZIP	VERONA, PA 15147
TITLE	D
NAME	SAXON, GEORGE E SR.
STREET ADDRESS	530 JONES STREET
CITY-ST-ZIP	VERONA, PA 15147
TITLE	D
NAME	SAXON, GEORGE E JR.
STREET ADDRESS	530 JONES STREET
CITY-ST-ZIP	VERONA, PA 15147
TITLE	D
NAME	SAXON, GREGORY J
STREET ADDRESS	530 JONES STREET
CITY-ST-ZIP	VERONA, PA 15147
TITLE	STD
NAME	GODISH, REGINA M
STREET ADDRESS	530 JONES STREET
CITY-ST-ZIP	VERONA, PA 15147

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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 other like empowered.

SIGNATURE: *Edward G. Saxon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-06      412 828 1166  
Date      Daytime Phone #