


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # F93000002262
 1. Entity Name
 TENCON, INC.



Principal Place of Business
 530 JONES STREET
 VERONA, PA 15147

Mailing Address
 530 JONES STREET
 VERONA, PA 15147

03022007 No Chg-P CR2E034 (11/05)

4. FEI Number
 62-1483766 Applied For
 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



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.

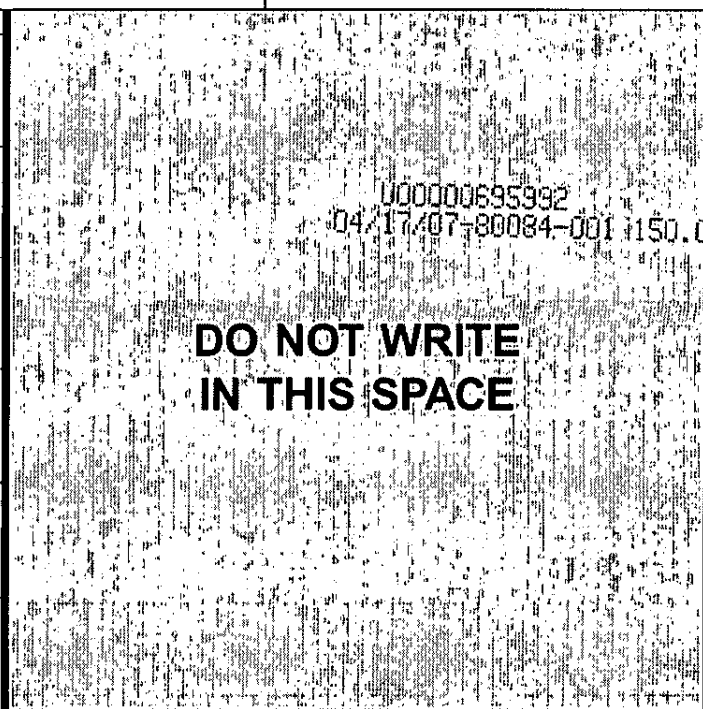
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 | PD SAXON, EDWARD G 530 JONES STREET VERONA, PA 15147 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ZUNIC, JOSEPH F JR. 530 JONES STREET VERONA, PA 15147 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SAXON, GEORGE E SR. 530 JONES STREET VERONA, PA 15147 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SAXON, GEORGE E JR. 530 JONES STREET VERONA, PA 15147 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SAXON, GREGORY J 530 JONES STREET VERONA, PA 15147 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD GODISH, REGINA M 530 JONES STREET VERONA, PA 15147 |



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: Ed Saxon 3/13/07 412 828 1166
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #