



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90016 045 ***150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02282008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 62-1483766	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
C T CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAXON, EDWARD G		NAME		
STREET ADDRESS	530 JONES STREET		STREET ADDRESS		
CITY-ST-ZIP	VERONA, PA 15147		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZUNIC, JOSEPH F JR.		NAME	Saxon, Francis J.	
STREET ADDRESS	530 JONES STREET		STREET ADDRESS	530 Jones Street	
CITY-ST-ZIP	VERONA, PA 15147		CITY-ST-ZIP	Verona, PA 15147	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAXON, GEORGE E SR.		NAME		
STREET ADDRESS	530 JONES STREET		STREET ADDRESS		
CITY-ST-ZIP	VERONA, PA 15147		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAXON, GEORGE E JR.		NAME	Saxon, George E. Jr.	
STREET ADDRESS	530 JONES STREET		STREET ADDRESS	530 Jones Street	
CITY-ST-ZIP	VERONA, PA 15147		CITY-ST-ZIP	Verona, PA 15147	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAXON, GREGORY J		NAME	Saxon, Gregory J.	
STREET ADDRESS	530 JONES STREET		STREET ADDRESS	530 Jones Street	
CITY-ST-ZIP	VERONA, PA 15147		CITY-ST-ZIP	Verona, PA 15147	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODISH, REGINA M		NAME	Godish, Regina M.	
STREET ADDRESS	530 JONES STREET		STREET ADDRESS	530 Jones Street	
CITY-ST-ZIP	VERONA, PA 15147		CITY-ST-ZIP	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: 		3.10.08		4128281166	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	