


FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90239 029 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000031843			
1. Entity Name TENNCOM, INC.			
Principal Place of Business 2028 EXCALIBUR DR SUITE 100 ORLANDO, FL 32822		Mailing Address 2028 EXCALIBUR DR SUITE 100 ORLANDO, FL 32822	
2. Principal Place of Business 1201 6th Avenue West		3. Mailing Address PO Box 770	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Bradenton, Florida		City & State Bradenton, Florida	
Zip 34206	Country USA	Zip 13424	Country USA
4. FEI Number 48-1253655		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TENNEY, JOHN W 2028 EXCALIBUR DR SUITE 100 ORLANDO, FL 32822		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	P TENNEY, KATHLEEN E 2028 EXCALIBUR DR ORLANDO, FL 32822 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T Fredrick K. Davis PO Box 375, 401 Utica Street Oriskany, New York 13424 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T TENNEY, JOHN W 2028 EXCALIBUR DR ORLANDO, FL 32822 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Fredrick K. Davis</u>		Fredrick K. Davis 4/27/05 315-527-8732	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	