# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 07, 2006 8:00 am**
**Secretary of State**
07-07-2006 90001 006 ***150.00

DOCUMENT # P04000143864

1. Entity Name
TENICO CONSTRUCTION CORP

50021745

07052006 Chg-P CR2E034 (11/05)

| Principal Place of Business | Mailing Address |
|---|---|
| 2871 NE 7 ST<br>APT G<br>OCALA, FL 34470 | 2871 NE 7 ST<br>APT G<br>OCALA, FL 34470 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 87 PINE COURSE | 87 PINE COURSE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: OCALA FL | City & State: OCALA FL |
| Zip: 34472 Country: | Zip: 34472 Country: |

4. FEI Number: 20-1775057 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CHARLEMAGNE, FELIX R<br>2871 NE 7 ST<br>G<br>OCALA, FL 34470 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>87 PINE COURSE<br>City OCALA FL Zip Code 34472 |

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: Felix R. Charlemagne
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P,T<br>CHARLEMAGNE, FELIX R<br>2871 NE 7 ST APT G<br>OCALA, FL 34470 | ☐ Delete | ADDR ONLY<br>87 PINE COURSE OCALA FL 34472 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>CHARLEMAGNE, ALBERT P<br>2871 NE 7 ST APT G<br>OCALA, FL 34470 | ☐ Delete | DELETE | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>CHARLEMAGNE, MARCELLUS J<br>2871 NE 7 ST APT G<br>OCALA, FL 34470 | ☐ Delete | DELETE | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>CHARLEMAGNE, DAWN<br>2871 NE 7 ST APT G<br>OCALA, FL 34470 | ☐ Delete | ADDR ONLY<br>87 PINE COURSE OCALA FL 34472 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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:** Felix R. Charlemagne 7-5-06 (352) 680 9004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #