

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000143864

Entity Name: TENICO CONSTRUCTION CORP

FILED  
Sep 23, 2008  
Secretary of State

**Current Principal Place of Business:**

87 PINE COURSE  
OCALA, FL 34472

**New Principal Place of Business:**

3 BAHIA PASS PLACE  
OCALA, FL 34472

**Current Mailing Address:**

P O BOX 832144  
OCALA, FL 34483

**New Mailing Address:**

FEI Number: 20-1775057      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CHARLEMAGNE, FELIX R  
87 PINE COURSE  
OCALA, FL 34472 US

**Name and Address of New Registered Agent:**

CHARLEMAGNE, FELIX R  
3 BAHIA PASS PLACE  
OCALA, FL 34472 US

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.

SIGNATURE: FELIX R CHARLEMAGNE

09/23/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P,T      ( ) Delete  
Name: CHARLEMAGNE, FELIX R  
Address: P O BOX 832144  
City-St-Zip: OCALA, FL 34483

Title: S      ( ) Delete  
Name: CHARLEMAGNE, DAWN  
Address: P O BOX 832144  
City-St-Zip: OCALA, FL 34483

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S, V      (X) Change ( ) Addition  
Name: CHARLEMAGNE, DAWN  
Address: P O BOX 832144  
City-St-Zip: OCALA, FL 34483

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELIX R CHARLEMAGNE

P

09/23/2008

Electronic Signature of Signing Officer or Director

Date