


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000006855
 1. Entity Name
LINCOLN CENCON, INC.



Principal Place of Business
**1505 FEDERAL STREET
 DALLAS TX 75201**

Mailing Address
**P.O. BOX 1920
 DALLAS TX 75221**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

4. FEI Number **75-2753593** Applied For Not Applied

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	POUGE, MACK			NAME			
STREET ADDRESS	1505 FEDERAL STREET			STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX 75201			CITY-ST-ZIP			
TITLE	DVST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	BYRNE, TIMOTHY			NAME			
STREET ADDRESS	1505 FEDERAL STREET			STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX 75201			CITY-ST-ZIP			
TITLE	VAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	JACKS, DAN			NAME			
STREET ADDRESS	1505 FEDERAL STREET			STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX 75201			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	EVERETT, LEIGH A			NAME			
STREET ADDRESS	1505 FEDERAL STREET			STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX 75201			CITY-ST-ZIP			
TITLE	VPAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	STREIT, DENNIS			NAME			
STREET ADDRESS	500 NORTH AKAND SUITE 3400			STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX 75201			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Dennis Streit**
 Vice President- Assistant Secretary
 Date **4-26-04** Daytime Phone # **214-740-4440**