


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 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

**DO NOT WRITE IN THIS SPACE**



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number  
75-2753593

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	POUGE, MACK
STREET ADDRESS	1505 FEDERAL STREET
CITY-ST-ZIP	DALLAS, TX 75201
TITLE	DVST
NAME	BYRNE, TIMOTHY
STREET ADDRESS	1505 FEDERAL STREET
CITY-ST-ZIP	DALLAS, TX 75201
TITLE	VAS
NAME	JACKS, DAN
STREET ADDRESS	1505 FEDERAL STREET
CITY-ST-ZIP	DALLAS, TX 75201
TITLE	AS
NAME	EVERETT, LEIGH A
STREET ADDRESS	1505 FEDERAL STREET
CITY-ST-ZIP	DALLAS, TX 75201
TITLE	VPAS
NAME	STREIT, DENNIS
STREET ADDRESS	500 NORTH AKAND SUITE 3400
CITY-ST-ZIP	DALLAS, TX 75201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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04/26/05-80058-020 150.00

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:  **Dennis Streit**  
Vice President  
Assistant Secretary

Date: **4-19-05**  
Daytime Phone #: **214-740-4440**

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