


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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


DOCUMENT # F99000003070
 1. Entity Name
 LINCOLN NO. 2340, INC.



Principal Place of Business: P.O. BOX 1920, DALLAS TX 75221
 Mailing Address: P.O. BOX 1920, DALLAS TX 75221

2. Principal Place of Business: Suite Apt #, etc.
 3. Mailing Address: Suite Apt #, etc.

City & State: [Blank]
 Zip: [Blank] Country: [Blank]



MOORE CR2E034 (11/03)

4. FEI Number: 75-2832319
 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

7. Name and Address of New Registered Agent
 Name: [Blank]
 Street Address (P O Box Number is Not Acceptable): [Blank]
 City: [Blank] FL Zip Code: [Blank]

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: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	POGUE, MACK	
STREET ADDRESS	500 N. AKARD, SUITE 3300	
CITY - ST - ZIP	DALLAS TX 75201	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BYRNE, TIMOTHY	
STREET ADDRESS	500 N. AKARD, SUITE 3300	
CITY - ST - ZIP	DALLAS TX 75201	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JACKS, DAN	
STREET ADDRESS	500 N. AKARD, SUITE 3300	
CITY - ST - ZIP	DALLAS TX 75201	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DAVIS, NANCY A	
STREET ADDRESS	500 N. AKARD, SUITE 3300	
CITY - ST - ZIP	DALLAS TX 75201	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHALLOT, CHARLES O	
STREET ADDRESS	3159 ROYAL DRIVE SUITE 200	
CITY - ST - ZIP	ALPHARETTA GA 30022	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	STREIT, DENNIS	
STREET ADDRESS	500 N AKARD, STE 3300	
CITY - ST - ZIP	DALLAS TX 75201	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UN0000139528	
STREET ADDRESS	04/29/04-80125-007 150.00	
CITY - ST - ZIP	[Blank]	
TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY - ST - ZIP	[Blank]	
TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY - ST - ZIP	[Blank]	
TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY - ST - ZIP	[Blank]	

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: 4-26-04 Daytime Phone #: 214-740-4440