


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 142670 1. Entity Name LINCOLN PARK HOMES, INC.	
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Principal Place of Business 417 MEADOWWOOD BLVD FERN PARK, FL 32730 US	Mailing Address 417 MEADOWWOOD BLVD FERN PARK, FL 32730 US
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01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0522633	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DANIELS, GEORGE P.
417 MEADOWWOOD BLVD
FERN PARK, FL 32730

**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 _____
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
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 NAME STREET ADDRESS CITY-ST-ZIP	S DANIELS, MARNE J. 417 MEADOWWOOD BLVD FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DANIELS, GEORGE P 417 MEADOWWOOD BLVD FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAVARES, GREGORY J. 2253 RADCLIFF CIRCLE CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, BARBARA G 237 NOB HILL CRCL. LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/21/05-80060-005 150.00

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: G.P. Daniels, President 1/14/05 904-854-8905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #