

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000001813

1. Entity Name
LINCOLN MM OSCEOLA I, INC.



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

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



04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2869998

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

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	PD DUVALL, WILLIAM C 500 N. AKARD, #3300 DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DAVIS, NANCY 500 N. AKARD, #3300 DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD POGUE, MACK 500 N. AKARD, #3300 DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS EVERETT, LEIGH ANN 1505 FEDERAL ST DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000332485
04/26/05-80060-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leigh Ann Everett
Assistant Secretary

4-19-05

Date

214-740-4440

Daytime Phone #

93616