


91019

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000000041 1. Entity Name LINCOLN NO. 2307, INC.	
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Principal Place of Business PO BOX 1920 DALLAS TX 75221	Mailing Address PO BOX 1920 DALLAS TX 75221
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **75-2747872** 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 _____

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	POGUE, MACK	
STREET ADDRESS	1505 FEDERAL STREET	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BYRNE, TIMOTHY	
STREET ADDRESS	1505 FEDERAL STREET	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	VST	<input type="checkbox"/> Delete
NAME	DAVIS, NANCY	
STREET ADDRESS	1505 FEDERAL STREET	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	JACKS, DAN	
STREET ADDRESS	1505 FEDERAL STREET	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	STREIT, DENNIS	
STREET ADDRESS	500 NORTH AKARD, SUITE 3400	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
000000544652 05/11/06-80045-003-150.00		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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- **4-24-06** **214-740-4444**
 Assistant Secretary Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR