


40850

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # F98000000668 1. Entity Name LINCOLN CONTRACTORS, 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	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 **75-1761673** Applied For
Not Applicable

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
--	--

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

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. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME	POGUE, MACK	NAME	
STREET ADDRESS	1505 FEDERAL STREET	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> Delete	TITLE	000000544734 <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME	DAVIS, NANCY A	NAME	05/11/06-80048-019 150.00
STREET ADDRESS	1505 FEDERAL STREET	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME	BYRNE, TIMOTHY	NAME	
STREET ADDRESS	1505 FEDERAL STREET	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME	BYRNE, BRIAN	NAME	
STREET ADDRESS	2603 WEST 22ND STREET, STE 22	STREET ADDRESS	
CITY-ST-ZIP	OAKBROOK TERRACE IL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME	GRANT JR, BILLY	NAME	
STREET ADDRESS	1505 FEDERAL STREET	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME	JACKS, DAN	NAME	
STREET ADDRESS	1505 FEDERAL STREET	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	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 **Dennis Streit**
 Vice President- **4-24-06** **214-740-4440**
 Assistant Secretary Date Daytime Phone #