

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

92631

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # F99000000693

1. Entity Name

LINCOLN BATTAGLIA, INC.



Principal Place of Business

PO BOX 1920
DALLAS TX 75221

Mailing Address

PO BOX 1920
DALLAS TX 75221



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 75-2792421

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

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DUVALL, WILLIAM C
STREET ADDRESS 1505 FEDERAL ST.
CITY-STATE-ZIP DALLAS TX

TITLE ST ☐ Delete
NAME DAVIS, NANCY A
STREET ADDRESS 1505 FEDERAL ST.
CITY-STATE-ZIP DALLAS TX

TITLE CD ☐ Delete
NAME POGUE, MACK
STREET ADDRESS 1505 FEDERAL ST.
CITY-STATE-ZIP DALLAS TX

TITLE AS ☐ Delete
NAME EVERETT, LEIGH A
STREET ADDRESS 500 N AKARD, SUITE 3300
CITY-STATE-ZIP DALLAS TX 75221

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000700047
CITY-STATE-ZIP 04/20/07-80002-002 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leigh Ann Everett

Assistant Secretary

4-5-07

214-740-4440

Date

Daytime Phone #