

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000004488

1. Entity Name

LINCOLN NO. 2345, 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



MOORE

CR2E034 (11/03)

4. FEI Number **75-2840160**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2004 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 PD ☐ Delete
NAME BYRNE, TIMOTHY
STREET ADDRESS 500 NORTH AKARD, SUITE 3300
CITY - ST - ZIP DALLAS TX 75201

TITLE ☐ Change ☐ Addition
NAME **000000139525**
STREET ADDRESS **04/23/04-80125-006 150.00**
CITY - ST - ZIP

TITLE V ☐ Delete
NAME JACKS, DAN
STREET ADDRESS 500 NORTH AKARD, SUITE 3300
CITY - ST - ZIP DALLAS TX 75201

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

TITLE ST ☐ Delete
NAME DAVIS, NANCY
STREET ADDRESS 500 NORTH AKARD, SUITE 3300
CITY - ST - ZIP DALLAS TX 75221

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

TITLE CD ☐ Delete
NAME POGUE, MACK
STREET ADDRESS 500 NORTH AKARD, SUITE 3300
CITY - ST - ZIP DALLAS TX 75221

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

TITLE VPAS ☐ Delete
NAME STREIT, DENNIS
STREET ADDRESS 500 NORTH AKARD, STE 3400
CITY - ST - ZIP DALLAS TX 75201

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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

Dennis Streit

Vice President-

Assistant Secretary

4-26-04

214-740-4440

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #