2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004
Secretary of State

DOCUMENT# G36366

Entity Name: LINCO HOLDINGS G/F, INC.

Current Principal Place of Business:

P O BOX 56499
JACKSONVILLE, FL 32244 US

New Principal Place of Business:

P O BOX 56499
JACKSONVILLE, FL 32241 US

Current Mailing Address:

P O BOX 56499
JACKSONVILLE, FL 32244 US

New Mailing Address:

P O BOX 56499
JACKSONVILLE, FL 32241 US

FEI Number: 59-2283191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINDSEY, JOHN H.
13640 MANDARIN RD
JACKSONVILLE, FL 32223

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DS (X) Delete
Name: COOPER, GENE W,
Address: P O BOX 56499
City-St-Zip: JACKSONVILLE, FL 32244

Title: DP ( ) Delete
Name: LINDSEY, JOHN H.,
Address: P O BOX 56499
City-St-Zip: JACKSONVILLE, FL 32244

Title: AS ( ) Delete
Name: LINDSEY, KATHERINE C, .
Address: P O BOX 56499
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change ( ) Addition
Name: LINDSEY, JOHN H.,
Address: P O BOX 56499
City-St-Zip: JACKSONVILLE, FL 32241

Title: DS (X) Change ( ) Addition
Name: LINDSEY, KATHERINE C, .
Address: P O BOX 56499
City-St-Zip: JACKSONVILLE, FL 32241

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN H. LINDSEY PRES 04/06/2004

Electronic Signature of Signing Officer or Director Date