

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # J63850

1. Entity Name
LINCOLN COMMERCIAL PROPERTIES, INC.



Principal Place of Business Mailing Address

**LINCOLN COMMERCIAL
P.O. BOX 916464
LONGWOOD FL 32791
US**

**LINCOLN COMMERCIAL
P.O. BOX 916464
LONGWOOD FL 32791
US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

4. FEI Number Applied For

59-2805831 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**JOHNSON, LYDER
2648 W. STATE RD 434
SUITE B
LONGWOOD FL 32779**

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 (applicable). (NOTE: Registered Agent signature required when constituting) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

TITLE	PT	<input type="checkbox"/> Delete
NAME	JOHNSON, LYDER	
STREET ADDRESS	2648 W. STATE RD. 434, STE. B	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	JOHNSON, SIMONE S.	
STREET ADDRESS	2648 W. STATE RD. 434, STE. B	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	JOHNSON, TERRY-B.-	
STREET ADDRESS	2648 W STATE RD. 434, STE. B	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOHNSON, TERRY B.	
STREET ADDRESS	2648 W STATE RD. 434, STE. B	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000806375	
CITY-ST-ZIP	02/06/08-80064-006 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Lyder Johnson Date: 1/24/08 Designation: 407-629990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR