


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # P0000022211
 1. Entity Name
LINCOLN-WINTER PARK TRUSTEE, INC.



Principal Place of Business: **500 N. AKARD, STE. 3300 DALLAS TX 75201**
 Mailing Address: **P.O. BOX 1920 DALLAS TX 75221**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
**CT CORPORATION ST.
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

4. FEI Number **75-2867713** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
TITLE: D	<input type="checkbox"/> Delete
NAME: POGUE, MACK	
STREET ADDRESS: 500 N. AKARD, STE. 3300	
CITY-ST-ZIP: DALLAS TX 75201	
TITLE: D	<input type="checkbox"/> Delete
NAME: DUVALL, WILLIAM C	
STREET ADDRESS: 500 N. AKARD, STE. 3300	
CITY-ST-ZIP: DALLAS TX 75201	
TITLE: AS	<input type="checkbox"/> Delete
NAME: EVERETT, LEIGH A	
STREET ADDRESS: 1505 FEDERAL ST	
CITY-ST-ZIP: DALLAS TX 75201	
TITLE: VPST	<input type="checkbox"/> Delete
NAME: DAVIS, NANCY	
STREET ADDRESS: 1505 FEDERAL	
CITY-ST-ZIP: DALLAS TX 75201	
TITLE: VPAS	<input type="checkbox"/> Delete
NAME: COURTWRIGHT, GREGORY S	
STREET ADDRESS: 1505 FEDERAL	
CITY-ST-ZIP: DALLAS TX 75201	
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"/> Add
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

U00000139894
 04/29/04-80139-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leigh Ann Everett* **Leigh Ann Everett** **Assistant Secretary** **4-26-04** **214-740-444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #