


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000033978	
1. Entity Name LINCOLN LANDSCAPING & MASONRY INC	

Principal Place of Business 2915 10TH STREET WEST BRADENTON FL 34205 US	Mailing Address 2915 10TH STREET WEST BRADENTON FL 34205 US
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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 20-2451290	Applied For <input type="checkbox"/> Not Applied
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LINCOLN, JAMES D 2915 10TH STREET WEST BRADENTON FL 34205

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	<small>Signature, typed or printed name of registered agent and title, if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE
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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 1
Trust Fund Contribution. <input type="checkbox"/>	Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	LINCOLN, JAMES D
STREET ADDRESS	2915 10TH STREET WEST
CITY ST ZIP	BRADENTON FL 34205
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	
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"/> 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	

UN00000647611
03/06/07-80079-015 150.00

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: *James D Lincoln* **2-23-07 (94) 52945**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TAMCS D Lincoln** Date **2-23-07** Daytime Phone #