


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000047189

1. Entity Name
LINCOLN DENTAL LAB, INC.



Principal Place of Business 2830 NW 41ST STREET SUITE A GAINESVILLE, FL 32606 US	Mailing Address 2830 NW 41ST STREET SUITE A GAINESVILLE, FL 32606 US
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07062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3319721	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LINCOLN, HOWARD
 2830 NW 41ST ST
 SUITE A
 GAINESVILLE, FL 32606**

DO NOT WRITE IN THIS SPACE

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 \$550.00
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM LINCOLN, HOWARD 2830 N.W. 41ST STREET, SUITE A GAINESVILLE, FL 32606
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 08/12/05-80003-011 550.00

DO NOT WRITE IN THIS SPACE

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Howard T. Lincoln Howard T. Lincoln 8/9/05 (352) 376-8443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #