


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # P95000047189</b>	
1. Entity Name <b>LINCOLN DENTAL LAB, INC.</b>	

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

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  <b>LINCOLN, HOWARD 2830 NW 41ST ST SUITE A GAINESVILLE, FL 32606</b>
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**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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11000000376281  
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 #