


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90024 019 \*\*\*100.50  
04-13-2006 90314 022 \*\*\*\*49.50

**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

40047779



**DO NOT WRITE IN THIS SPACE**

03012006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3319721

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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: *Howard Lincoln* Howard Lincoln, President 3/13/06  
Signature, typed or printed name of registered agent (where applicable). (NOTE: Registered Agent signature required when renouncing) DATE

**FILE NOW! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 key empowered.

SIGNATURE: *Howard Lincoln* 4/11/06 (352)376-8443  
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR DAYTIME PHONE #