


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # P99000062139		
1. Entity Name LINCOLN MARKETING GROUP, INC.		

Principal Place of Business 4131 BRENTWOOD PK CIR TAMPA, FL 33624	Mailing Address 4131 BRENTWOOD PK CIR TAMPA, FL 33624
---	---

FILED  
07 FEB 12 PM 3:04

CLERK OF STATE  
TALLAHASSEE, FLORIDA



01142007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3587154	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  RODD, ALVIN E 4131 BRENTWOOD PK CIR TAMPA, FL 33624
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	200088464932 12/16/07--01005--014 **400.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RODD, ALVIN E 4131 BRENTWOOD PK CIR TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RODD, BARBARA 4131 BRENTWOOD PK CIR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>8/2/13</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 like empowered.

SIGNATURE: *Alvin E. Rodd* ALVIN E. RODD 2-7-07 813-265-1875  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #