

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90057 013 \*\*\*150.00

**DOCUMENT # S47423**

1. Entity Name

LINCOLN REALTY SERVICES, INC.



Principal Place of Business

2648 W ST RD 434  
SB  
LONGWOOD FL 32779  
US

Mailing Address

2648 W ST RD 434  
SB  
LONGWOOD FL 32779  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

OSWALD, KENNETH F.  
600 COURTLAND ST  
SUITE 110  
ORLANDO FL 32804

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME OSWALD, KENNETH F  
STREET ADDRESS 600 COURTLAND ST #110  
CITY-ST-ZIP ORLANDO FL

TITLE PST ☐ Delete  
NAME JOHNSON, MARLENE D.  
STREET ADDRESS 2648 W ST RD 434 SB  
CITY-ST-ZIP LONGWOOD FL

TITLE D ☐ Delete  
NAME JOHNSON, TERRY B.  
STREET ADDRESS 2648 W ST RD 434 SB  
CITY-ST-ZIP LONGWOOD FL

TITLE D ☐ Delete  
NAME JOHNSON, LYDER R.  
STREET ADDRESS 2648 W ST RD 434 SB  
CITY-ST-ZIP LONGWOOD FL

TITLE D ☐ Delete  
NAME JOHNSON, SIMONE S.  
STREET ADDRESS 2648 W. ST. RD. 434 #B  
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Lyder R Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/04 407-609990