

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Apr 24, 2009  
Secretary of State**

DOCUMENT# S47423

Entity Name: LINCOLN REALTY SERVICES, INC.

**Current Principal Place of Business:**

2648 W ST RD 434  
SB  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

4906 SAILFISH DRIVE  
PONCE INLET, FL 32127 US

**Current Mailing Address:**

2648 W ST RD 434  
SB  
LONGWOOD, FL 32779 US

**New Mailing Address:**

4884 FRONT STREET  
PONCE INLET, FL 32127 US

FEI Number: 59-3059865      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: OSWALD, KENNETH F  
Address: 600 COURTLAND ST #110  
City-St-Zip: ORLANDO, FL

Title: PST ( ) Delete  
Name: JOHNSON, MARLENE D.  
Address: 2648 W ST RD 434 SB  
City-St-Zip: LONGWOOD, FL

Title: D ( ) Delete  
Name: JOHNSON, TERRY B.  
Address: 2648 W ST RD 434 SB  
City-St-Zip: LONGWOOD, FL

Title: D ( ) Delete  
Name: JOHNSON, LYDER R.  
Address: 2648 W ST RD 434 SB  
City-St-Zip: LONGWOOD, FL

Title: D ( ) Delete  
Name: JOHNSON, SIMONE S.  
Address: 2648 W. ST. RD. 434 #B  
City-St-Zip: LONGWOOD, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE JOHNSON

P

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date