


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # V04514
1. Entity Name
LINCOLN CONSULTERS & INVESTORS, INC.



Principal Place of Business 810 SATURN STREET PMB 432 JUPITER, FL 33477	Mailing Address 810 SATURN STREET PMB 432 JUPITER, FL 33477
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02032004 No Chg-P CR2E034 (10/03)

4. FEF Number 23-2183620	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYES, RONALD W.
810 SATURN STREET
PMB 432
JUPITER, FL 33477

DO NOT WRITE IN THIS SPACE

7. 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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U000000043110
02/10/04-80053-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, RONALD W. 810 SATURN ST. #16, PMB 432 JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, BONNIE C. 810 SATURN ST. #16, PMB 432 JUPITER, FL 33477
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Bonnie C. Hayes* *2-03-04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #