

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000075958

FILED
Apr 13, 2009
Secretary of State

Entity Name: LNF, INC.

Current Principal Place of Business:

9310 OLD KINGS ROAD SOUTH
SUITE 1101
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 56020
JACKSONVILLE, FL 322416020

New Mailing Address:

FEI Number: 59-3705274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKS, JEFFREY B ESQ
3000-8 HARTLEY RD
JACKSONVILLE, FL 32257 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: FIXEL, LYDIA N
Address: 9310 OLD KINGS ROAD S UNIT 1101
City-St-Zip: JACKSONVILLE, FL 32257

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D () Change (X) Addition
Name: FIXEL, ALAN
Address: 9310 OLD KINGS ROAD S UNIT 1101
City-St-Zip: JACKSONVILLE, FL 32257

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: ALAN FIXEL

D

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date