

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90171 048 ***150.00

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1. Entity Name

L, N & N CORP. OF 2353 N. MILITARY TRAIL



Principal Place of Business

2600 N FLAGLER DRIVE, SUITE 1012
WEST PALM BEACH FL 33407

Mailing Address

2600 N FLAGLER DRIVE, SUITE 1012
WEST PALM BEACH FL 33407



2. Principal Place of Business

20512 SIXTH ST
Suite, Apt. #, etc.
106

3. Mailing Address

P.O. BOX 1801
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

WEST PALM BEACH FL

City & State

DADE CITY, FL

4. FEI Number

65-0312251

Applied For

Not Applicable

Zip

33401

Country

USA

Zip

33506

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOGSDON, JOHN M
2600 N FLAGLER DRIVE, SUITE 1012
WEST PALM BEACH FL 33407

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, 2005 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 LOGSDON, JOHN M
STREET ADDRESS 200 MOCKINGBIRD TRAIL
CITY-ST-ZIP PALM BEACH FL 33480

TITLE D ☐ Delete
NAME NICOLINI, PATRICK F
STREET ADDRESS P O BOX 1801 N/A
CITY-ST-ZIP DADE CITY FL 33526

TITLE D ☐ Delete
NAME NICOLINI, DONALD N
STREET ADDRESS 1167 HILLSBORO MILE #305
CITY-ST-ZIP HILLSBORO BEACH FL 33062

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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:

Patrick Nicolini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/28/05 813-30-2969
Daytime Phone #