


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000105713

1. Entity Name
L, N & N CORP. OF 11490 OKEECHOBEE BOULEVARD



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
---	---

DO NOT WRITE IN THIS SPACE



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0312251	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$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**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOGSDON, JOHN M 200 MOCKINGBIRD TRAIL PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NICOLINI, PATRICK F P O BOX 1801 N/A DADE CITY, FL 33526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NICOLINI, DONALD N 1167 HILLBORD MILE #305 HILLBORO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000020921
 01/29/04-80086-017 150.00

DO NOT WRITE IN THIS SPACE

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: JOHN M LOGSDON PATRICK NICOLINI 1/27/04 813-370-2069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR