

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-08-2005 90171 050 ***150.00



DOCUMENT # V15485
 1. Entity Name
L, N & N CORP.

Principal Place of Business Mailing Address
 2600 N FLAGLER DR 2600 N FLAGLER DR
 #1012 #1012
 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407
 US US

2. Principal Place of Business 3. Mailing Address
 205 Y2 SIXTH ST P.O. BOX 1801
 Suite #, etc. Suite, Apt. #, etc.
 106

City & State City & State
 WEST PALM BEACH FL DADE CITY FL
 Zip Country Zip Country
 33401 USA 33526 USA

1st MOORE CR2E034 (10/04)

4. FEI Number Applied For
 65-0312251 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LOGSDON, JOHN M
 200 MOCKINGBIRD TR
 PALM BEACH FL 33480

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 _____ 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, 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 <input type="checkbox"/> Delete |
| NAME | LOGSDON, JOHN M |
| STREET ADDRESS | 200 MOCKINGBIRD TR. |
| CITY-ST-ZIP | PALM BCH FL 33480 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | NICOLINI, DONALD N |
| STREET ADDRESS | 1167 WILLISBORO MILE # 305 |
| CITY-ST-ZIP | HILLSBORO BEACH FL 33062 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | NICOLINI, PATRICK |
| STREET ADDRESS | P.O. BOX 1801 |
| CITY-ST-ZIP | DADE CITY FL 33526 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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* DATE: 2/29/05 DAYTIME PHONE: 813-390-2864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR