

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V15485

Entity Name: L, N & N CORP.

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

205 1/2 SIXTY ST
106
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

P O BOX
DADE CITY, FL 33526 US

New Principal Place of Business:

801 SOUTH OLIVE AVE
1622
WEST PALM BEACH, FL 33401 US

New Mailing Address:

P O BOX 1801
DADE CITY, FL 33526 US

FEI Number: 65-0312251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOGSDON, JOHN M
200 MOCKINGBIRD TR
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

LOGSDON, JOHN M
801 SOUTH OLIVE AVE.
1622
WEST PALM BEACH, FL 33401 US

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

01/08/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOGSDON, JOHN M
Address: 200 MOCKINGBIRD TR.
City-St-Zip: PALM BCH, FL 33480

Title: D () Delete
Name: NICOLINI, DONALD N
Address: 1167 HILLSBORO MILE #305
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: D () Delete
Name: NICOLINI, PATRICK
Address: P.O. BOX 1801
City-St-Zip: DADE CITY, FL 33526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LOGSDON, JOHN M
Address: 801 SOUTH OLIVE AVE SUITE 1622
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D (X) Change () Addition
Name: NICOLINI, DONALD N
Address: P.O. BOX 5818
City-St-Zip: LIGHTHOUSE POINTE, FL 33074

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

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: PATRICK NICOLINI

Electronic Signature of Signing Officer or Director

VP

01/08/2009

Date