


Jan 08,
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**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 843616		
1. Entity Name LONNON REAL ESTATE AND INVESTMENT CORPORATION		
Principal Place of Business 11760 CAPRI CR SO TREASURE ISLAND, FL 33706	Mailing Address 11760 CAPRI CR SO TREASURE ISLAND, FL 33706	
DO NOT WRITE IN THIS SPACE		
		01052004 No Chg-P CR2E034 (10/03)
		4. FEI Number 43-1034349
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LONNON, PEGGY L 11760 CAPRI CIRCLE SOUTH TREASURE ISLAND, FL TREASURE ISLAND, FL 33706		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 <u><i>Peggy L. Lonnon</i></u> <u><i>Peggy L. Lonnon</i></u> <u>1-5-04</u> <small>Signature of person filing this report (typed name of registered agent and title if applicable) (NOTE: Registered agent signature required when re-filing) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000000345 01/08/04-20005-025 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT LONNON, RICHARD L. 11760 CAPRI CR SO TREASURE ISLAND, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD LONNON, PEGGY L. 11760 CAPRI CIR S TREASURE ISLAND, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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: <u><i>Richard L. Lonnon</i></u> <u>RICHARD L. LONNON</u> <u>1/5/04</u> <u>727-367-3100</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		