2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000033844

Entity Name: L & N SERVICES, INC.

FILED Jan 10, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2352 ROG JACKSON	SERO RD IVILLE, FL 32	211 US			DLEIGH DR W /ILLE, FL 32211	US	
Current Mailing Address:				New Mailing Address:			
P.O. BOX 11299 JACKSONVILLE, FL 322391299 US				1848 WOODLEIGH DR W JACKSONVILLE, FL 32239 US			
FEI Number	: 59-3242947	FEI Number Applied For () FEI Numbe	er Not Appli	cable () Cert	ificate of Status Desir	ed ()
Name and	d Address of	Current Registered Agen	t: N	ame and	Address of New I	Registered Agent:	
2500 MON #201 JACKSON	SON & OSBO NUMENT ROA NULLE, FL 32 named entity	N D	the purpose of c	hanging it	s registered office	or registered agent	. or both.
	e of Florida.				9		,,
SIGNATUI		nia Oinnatura af Danistana	J A			Dete	
Election Co.		onic Signature of Registered and Trust Fund Contribution ().	_			Date	
		,					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
Title: Name: Address: City-St-Zip:	DONNELLY, W 1840 WOODL) Delete VILLIAM J OWNER EIGH DR W LE, FL 32211 US	Na Ad	tle: ame: ddress: ity-St-Zip:	()Char	ge () Addition	
Title: Name: Address: City-St-Zip:	CHAMNESS, N 1056 PARKRII) Delete MATTHEW S CFO DGE CIR W LE, FL 32211 US	Na Ac	tle: ame: ddress: ity-St-Zip:	D (X) Char CHAMNESS, MATTHI 4627 MUGGLETON F WILMINGTON, DE 1	ROAD	
Title: Name: Address: City-St-Zip:	SWEIGART, N 1848 WOODL) Delete IANCY L PRES EIGH DR W LE, FL 32211 US	Na Ad	tle: ame: ddress: ity-St-Zip:	()Char	ge () Addition	
Title: Name: Address: City-St-Zip:	FULLERTON, 1056 PARKRII) Delete CHARLOTTE D VP DGE CIR W LE, FL 32211 US	Na Ac	tle: ame: ddress: ity-St-Zip:	VP (X) Char FULLERTON, CHARL 4627 MUGGLETON F WILMINGTON, DE 1	ROAD	
Title: Name: Address: City-St-Zip:	() Delete	Na Ac	tle: ame: ddress: ity-St-Zip:	VP () Char GRANEY, LAURA VF 603 FOULK ROAD WILMINGTON, DE 1		

I hereby certify that the information supplied with this filing does not qualify for the 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: MATTHEW CHAMNESS D 01/10/2006