

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000033844

Entity Name: L & N SERVICES, INC.

FILED  
Mar 02, 2007  
Secretary of State

## Current Principal Place of Business:

1848 WOODLEIGH DR W  
JACKSONVILLE, FL 32211 US

## New Principal Place of Business:

## Current Mailing Address:

1848 WOODLEIGH DR W  
JACKSONVILLE, FL 32239 US

## New Mailing Address:

FEI Number: 59-3242947      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

P.A. WATSON & OSBORNE  
2500 MONUMENT ROAD  
#201  
JACKSONVILLE, FL 32225 US

## Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DONNELLY, WILLIAM J OWNER  
Address: 1840 WOODLEIGH DR W  
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: D ( ) Delete  
Name: CHAMNESS, MATTHEW S CFO  
Address: 4627 MUGGLETON ROAD  
City-St-Zip: WILMINGTON, DE 19808 US

Title: P ( ) Delete  
Name: SWEIGART, NANCY L PRES  
Address: 1848 WOODLEIGH DR W  
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: VP ( ) Delete  
Name: FULLERTON, CHARLOTTE D VP  
Address: 4627 MUGGLETON ROAD  
City-St-Zip: WILMINGTON, DE 19808 US

Title: VP (X) Delete  
Name: GRANEY, LAURA VP  
Address: 603 FOULK ROAD  
City-St-Zip: WILMINGTON, DE 19803 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: CHAMNESS, MATTHEW S CFO  
Address: 807 ASHLEY LANE  
City-St-Zip: ALLEN, TX 75002 US

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

Title: VP (X) Change ( ) Addition  
Name: FULLERTON, CHARLOTTE D VP  
Address: 807 ASHLEY LANE  
City-St-Zip: ALLEN, TX 75002 US

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

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

CFO

03/02/2007

Electronic Signature of Signing Officer or Director

Date