

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105707

FILED
Jan 08, 2009
Secretary of State

Entity Name: L, N & N CORP. OF 11482 OKEECHOBEE BOULEVARD

Current Principal Place of Business:

205 1/2 SIXTH ST
SUITE 106
WEST PALM BEACH, FL 33401

Current Mailing Address:

P.O. BOX 1801
DADE CITY, FL 33526

New Principal Place of Business:

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

New Mailing Address:

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
2600 N FLAGLER DRIVE, SUITE 1012
WEST PALM BEACH, FL 33407 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 TRAIL
City-St-Zip: PALM BEACH, FL 33480

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

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

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, PATRICK F
Address: P O BOX 1801
City-St-Zip: DADE CITY, FL 33526

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

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

VP

01/08/2009

Electronic Signature of Signing Officer or Director

Date