

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90171 049 ***150.00



DOCUMENT # P98000105710
 1. Entity Name
L, N & N CORP. OF 2233 INDIAN ROAD

Principal Place of Business: **2600 N FLAGLER DRIVE, SUITE 1012 WEST PALM BEACH FL 33407**
 Mailing Address: **2600 N FLAGLER DRIVE, SUITE 1012 WEST PALM BEACH FL 33407**

2. Principal Place of Business: **205th SIXTH ST.**
 Suite, Apt. #, etc.: **106**
 3. Mailing Address: **P.O. Box 1801**
 Suite, Apt. #, etc.:

City & State: **WEST PALM BEACH FL** City & State: **DADE CITY, FL**
 Zip: **33401** Country: **USA** Zip: **33526** Country: **USA**

4. FEI Number 65-0312251 Applied For: Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
LOGSDON, JOHN M
2600 N FLAGLER DRIVE, SUITE 1012
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	LOGSDON, JOHN M
STREET ADDRESS	200 MOCKINGBIRD TRAIL
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	D <input type="checkbox"/> Delete
NAME	NICOLINI, PATRICK F
STREET ADDRESS	P O BOX 1801 N/A
CITY-ST-ZIP	DADE CITY FL 33526
TITLE	D <input type="checkbox"/> Delete
NAME	NICOLINI, DONALD N
STREET ADDRESS	1167 HILLBORO MILL, #305
CITY-ST-ZIP	LIGHTHOUSE POINTE FL 32064
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **PATRICK Nicolini** *2/24/05* *813.390.2469*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #