


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

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



Principal Place of Business
 205 1/2-6TH ST
 STE 106
 WEST PALM BEACH, FL 33401

Mailing Address
 PO BOX 1801
 DADE CITY, FL 33526



02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0312251 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOGSDON, JOHN M
 2600 N FLAGLER DRIVE, SUITE 1012
 WEST PALM BEACH, FL 33407

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

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

000000435621
 02/25/06-80049-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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:  PATRICK NICOLINI Date: 2/9/06 Daytime Phone #: 813-350-2969