

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105710

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: L, N & N CORP. OF 2233 INDIAN ROAD

## Current Principal Place of Business:

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

## New Principal Place of Business:

801 SOUTH OLIVE AVE  
1622  
WEST PALM BEACH, FL 33401

## Current Mailing Address:

PO BOX 1801  
DADE CITY, FL 33526

## 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: \_\_\_\_\_

01/08/2009

Electronic Signature of Registered Agent

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 HILLBORO MILL, #305  
City-St-Zip: HILLSBORO 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