

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90243 013 ***150.00

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1. Entity Name

L, N & N CORP. OF 11490 OKEECHOBEE BOULEVARD



Principal Place of Business

20542-6TH ST
STE 106
WEST PALM BEACH, FL 33401

Mailing Address

PO BOX 1801
DADE CITY, FL 33526

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

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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IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LOGSDON, JOHN M
STREET ADDRESS 200 MOCKINGBIRD TRAIL
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D
NAME NICOLINI, PATRICK F
STREET ADDRESS P O BOX 1801 N/A
CITY-ST-ZIP DADE CITY, FL 33526

TITLE D
NAME NICOLINI, DONALD N
STREET ADDRESS 1167 HILLBORD MILE #305
CITY-ST-ZIP HILLBORO BEACH, FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #