


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 29, 2004 08:00 AM
Secretary of State

000000000000 P98000105765
 1. Entity Name
L, N & N CORP. OF 1400 ROYAL PALM BEACH BOULEVARD



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

DO NOT WRITE IN THIS SPACE



01262004 0000000 000000000000
 4. FEI Number Applied For
65-0312251 Not Applicable
 5. Certificate of Status Desired \$8.75 00000000
 0000 000000

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 00000000
 0000000000

000000019826
 01/29/04-80040-013 150.00

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 HILLSBORO MILE#305
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Patrick Nicolini* *1/27/04* *813-390-2969*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #