

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90256 020 \*\*\*150.00

**DOCUMENT # 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 WEST PALM BEACH FL 33407**      **2600 N FLAGLER DRIVE, SUITE 1012 WEST PALM BEACH FL 33407**

2. Principal Place of Business      3. Mailing Address  
**205 1/2 SIXTH ST**      **P.O. BOX 1801**  
 Suite #, Apt. #, etc.      Suite, Apt. #, etc.  
**106**

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



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**

4. FEI Number      Applied For  
**65-0312251**      Not Applicable

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

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)  
 Signature, typed or printed name of registered agent and title if applicable.      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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>LOGSDON, JOHN M</b> <b>200 MOCKINGBIRD TRAIL</b> <b>PALM BEACH FL 33480</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>NICOLINI, PATRICK F</b> <b>P O BOX 1801 N/A</b> <b>DADE CITY FL 33526</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>NICOLINI, DONALD N</b> <b>1167 HILLSBORO MILE#305</b> <b>POMPANO BEACH FL 33062</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**            **813-350-2969**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #