

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-08-2007 90243 014 ***150.00

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



Principal Place of Business
**205 1/2 SMITH ST STE 106
 WEST PALM BEACH, FL 33401**

Mailing Address
**PO BOX 1801
 DADE CITY, FL 33526**

60000563



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
 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 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 HILLSBORO MILE#305 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:

Patrick Nicolini **PATRICK NICOLINI** 1/5/07

Date

Daytime Phone #

813 3902969