

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P98000105775

1. Entity Name

L, N & N CORP. OF 4570 HIBISCUS STREET



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

03-07-2005 90260 039 \*\*\*150.00

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

205 Y2 SIXTH ST.  
Suite, Apt. #, etc.  
106

3. Mailing Address

P.O. Box 1801

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

DADE CITY, FL

Zip

33401

Country

USA

Zip

33526

Country

USA

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

65-0312251

Applied For

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

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, 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**

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
NAME	LOGSDON, JOHN M		
STREET ADDRESS	200 MOCKINGBIRD TRAIL		
CITY-ST-ZIP	PALM BEACH FL 33480		
TITLE	D	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
NAME	NICOLINI, PATRICK F		
STREET ADDRESS	P O BOX 1801		
CITY-ST-ZIP	DADE CITY FL 33526		
TITLE	D	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
NAME	NICOLINI, DONALD N		
STREET ADDRESS	1167 HILLSBORO MILE #305		
CITY-ST-ZIP	HILLSBORO BEACH FL 33062		
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #