

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000105775

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** L, N & N CORP. OF 4570 HIBISCUS STREET

**Current Principal Place of Business:**

801 SOUTH OLIVE AVE.  
1622  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1801  
DADE CITY, FL 33526

**New Mailing Address:**

**FEI Number:** 65-0312251

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOGSDON, JOHN M  
801 SOUTH OLIVE AVE.  
1622  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LOGSDON, JOHN M  
Address: 801 SOUTH OLIVE AVE SUITE 1622  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D  
Name: NICOLINI, PATRICK F  
Address: P O BOX 1801  
City-St-Zip: DADE CITY, FL 33526

Title: D  
Name: NICOLINI, DONALD N  
Address: P.O. BOX 1198  
City-St-Zip: DEERFIELD BEACH, FL 33443

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICK NICOLINI

VP

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date