


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

| | | |
|---|---|--|
| DOCUMENT # 515419 1. Entity Name NULL'S BUSINESS SERVICE, INC. | |  |
| Principal Place of Business 38040 MERIDIAN AVENUE DADE CITY, FL 33525 US | | Mailing Address P.O. BOX 1866 DADE CITY, FL 33525 |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent PATTERSON, KAREN 38040 MERIDIAN AVENUE DADE CITY, FL 33525 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) 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 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | 1100000234821 02/18/05-80030-016 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD PATTERSON, KAREN 12525 GREEN OAK LANE DADE CITY, FL 33525 | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S YOUNG, GWYNNE A ONE HARBOR PLACE TAMPA, FL 33602 | |
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| 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: <u>Karen O. Patterson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date <u>2/14/05</u> Daytime Phone # <u>352-567-6254</u> |