


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 19, 2005 08:00 AM
Secretary of State**

DOCUMENT # L94578 1. Entity Name NULL'S PROPERTY INVESTMENTS, INC.	
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Principal Place of Business 38040 MERIDIAN AVE DADE CITY, FL 33525	Mailing Address P.O. BOX 1866 DADE CITY, FL 33526
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DO NOT WRITE IN THIS SPACE



02132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3022399	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PATTERSON, KAREN 38040 MERIDIAN AVE DADE CITY, FL 33525
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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 resigning) _____ 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PATTERSON, KAREN 12525 GREEN OAK LANE DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YOUNG, GWYNNE A ONE HARBOR PLACE TAMPA, FL 33602
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02/19/05-80028-015 150.00

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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: *Karen O. Patterson* **2/14/05** **352 567 6254**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

KAREN O. PATTERSON