


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000041092  
1. Entity Name  
USL, INC.



Principal Place of Business  
4500 S VINELAND ROAD  
ORLANDO, FL 32811 US

Mailing Address  
4500 S VINELAND ROAD  
ORLANDO, FL 32811 US

**DO NOT WRITE IN THIS SPACE**



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3392556

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOHN, STEVE P  
4500 S VINELAND RD  
ORLANDO, FL 32811

**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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	KOHN, SHARON
STREET ADDRESS	615 LAKE HAVEN CIR
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	P
NAME	KOHN, STEVEN
STREET ADDRESS	615 LAKE HAVEN CIR
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000344785  
04/30/05-80007-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:  4/20/05 407-425-3500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #