


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000103225</b> 1. Entity Name <b>USLAN CORP</b>	
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Principal Place of Business <b>777 S. ST. RD. 7 #506 MARGATE, FL 33068</b>	Mailing Address <b>777 S. ST. RD. 7 #506 MARGATE, FL 33068</b>
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01132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0961725</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HALL, GARY A 777 S. ST. ROAD 7, #506 MARGATE, FL 33068</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, GARY 777 SOUTH STREET ROAD 7 #506 POMPANO BEACH, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALL, CHRISTINE 777 SOUTH STREET ROAD 7 #506 POMPANO BEACH, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTEN, LOU 777 S. ST. RD. 7 #506 MARGATE, FL 33068
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000197805  
01/27/05-80018-008 150.00

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:**  **1-24-05 954.977.9494**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #