


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000114833

1. Entity Name
LACOSTE VISION, INC.



FILED
08 APR 18 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 6101 COLLEGE PKWY, APT. 10-F, PENSACOLA, FL 32504


Mailing Address: 6101 COLLEGE PKWY, APT. 10-F, PENSACOLA, FL 32504

2. Principal Place of Business - No P.O. Box #: Suite, Apt. #, etc.

3. Mailing Address: 387 Georgia Ln. Suite, Apt. #, etc.

City & State: Brevton AL.

Zip: 36426 Country: Escambia



04182008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

LACOSTE, JERRY B
6101 COLLEGE PKWY
APT. 10-F
PENSACOLA, FL 32504

7. Name and Address of New Registered Agent

Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

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: *Jerry B. LaCoste* DATE: 4-18-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE: P	<input type="checkbox"/> Delete
NAME: LACOSTE, JERRY B	
STREET ADDRESS: 6101 COLLEGE PKWY APT. 10-F	
CITY-ST-ZIP: PENSACOLA, FL 32504	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Deborah J. LaCoste	
STREET ADDRESS: 387 Georgia Ln.	
CITY-ST-ZIP: Brevton AL. 36426	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Jerry B. LaCoste* DATE: 4-18-08

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