

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735630

FILED
Apr 30, 2009
Secretary of State

Entity Name: LASER OPTICAL CORPORATION, INC.

Current Principal Place of Business:

C/O 5635 COMMERCE DRIVE
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

C/O 4855 BIG OAKS LANE
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-2993261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLINCHBAUGH, HEIDI M.
4855 BIG OAKS LANE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FLINCHBAUGH, DR. DAVID E.
Address: 4855 BIG OAK LANE
City-St-Zip: ORLANDO, FL

Title: VSTD () Delete
Name: FLINCHBAUGH, HEIDI
Address: 4855 BIG OAKS LANE
City-St-Zip: ORLANDO, FL

Title: D (X) Delete
Name: STOCKING, KAREN
Address: 8215 W. AVENUE D
City-St-Zip: LANCASTER, CA 93536

Title: D (X) Delete
Name: FLINCHBAUGH, KARL L
Address: 8215 W. AVENUE D
City-St-Zip: LANCASTER, CA 93536

Title: D (X) Delete
Name: OLSON, JOEL
Address: 4425 BOULDER TERRACE
City-St-Zip: MADISON, WI 53711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FLINCHBAUGH, DR. DAVID E.
Address: 4855 BIG OAK LANE
City-St-Zip: ORLANDO, FL 32806 US

Title: VSTD (X) Change () Addition
Name: FLINCHBAUGH, HEIDI
Address: 4855 BIG OAKS LANE
City-St-Zip: ORLANDO, FL 32806 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: /DAVID E. FLINCHBAUGH/

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date