2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# F04000007230

Entity Name: SUPERIOR OPTICAL LABS, INC.

Current Principal Place of Business:

6601 SUNPLEX DRIVE
OCEAN SPRINGS, MS 39564

New Principal Place of Business:

6525 SUNPLEX DRIVE
OCEAN SPRINGS, MS 39564

Current Mailing Address:

PO BOX 1290
OCEAN SPRING, MS 39564

New Mailing Address:

FEI Number: 64-0807765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAINES, ROBERT L
7305 N. MILITARY TRAIL
WEST PALM BEACH, FL 33410 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: WALKER, MARY P
Address: 6601 SUNPLEX DRIVE
City-St-Zip: OCEAN SPRINGS, MS 39564

Title: VCVP ( ) Delete
Name: JACOBS, JONATHAN W
Address: 6601 SUNPLEX DRIVE
City-St-Zip: OCEAN SPRINGS, MS 39564

Title: DST ( ) Delete
Name: WALKER, HAROLD M
Address: 6601 SUNPLEX DRIVE
City-St-Zip: OCEAN SPRINGS, MS 39564

Title: D ( ) Delete
Name: JACOBS, CHERYL P
Address: 6601 SUNPLEX DRIVE
City-St-Zip: OCEAN SPRINGS, MS 39564

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition
Name: WALKER, MARY P
Address: 6525 SUNPLEX DRIVE
City-St-Zip: OCEAN SPRINGS, MS 39564

Title: VCVP (X) Change ( ) Addition
Name: JACOBS, JONATHAN W
Address: 6525 SUNPLEX DRIVE
City-St-Zip: OCEAN SPRINGS, MS 39564

Title: DST (X) Change ( ) Addition
Name: WALKER, HAROLD M
Address: 6525 SUNPLEX DRIVE
City-St-Zip: OCEAN SPRINGS, MS 39564

Title: D (X) Change ( ) Addition
Name: JACOBS, CHERYL P
Address: 6525 SUNPLEX DRIVE
City-St-Zip: OCEAN SPRINGS, MS 39564

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL P. JACOBS D 03/04/2009
Electronic Signature of Signing Officer or Director Date