

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007230

FILED
Jan 04, 2010
Secretary of State

Entity Name: SUPERIOR OPTICAL LABS, INC.

Current Principal Place of Business:

6525 SUNPLEX DRIVE
OCEAN SPRINGS, MS 39564

New Principal Place of Business:

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
Name: WALKER, MARY P
Address: 6525 SUNPLEX DRIVE
City-St-Zip: OCEAN SPRINGS, MS 39564

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHERYL P. JACOBS

D

01/04/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date