

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007230

FILED  
Jan 03, 2012  
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

**OFFICERS AND DIRECTORS:**

Title: DST  
Name: COLUCCI, ROBERT M  
Address: 13515 N. STEMMONS FREEWAY  
City-St-Zip: DALLAS, TX 75234

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

Title: DP  
Name: WALKER, HAROLD M  
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: HAROLD M. WALKER

DP

01/03/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date