

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L08789

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: OCEAN OPTICS, INC.

**Current Principal Place of Business:**

830 DOUGLAS AVE.  
DUNEDIN, FL 34698 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2249  
DUNEDIN, FL 346972249 US

**New Mailing Address:**

FEI Number: 59-2964878      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RANDELMAN, ROBERT E  
830 DOUGLAS AVE.  
DUNEDIN, FL 34698 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: PD ( ) Delete  
Name: RANDELMAN, ROBERT E  
Address: 830 DOUGLAS AVE.  
City-St-Zip: DUNEDIN, FL 34698 US

Title: D ( ) Delete  
Name: MCPHEE, GORDON E  
Address: 830 DOUGLAS AVE.  
City-St-Zip: DUNEDIN, FL 34698

Title: DCE ( ) Delete  
Name: MYERS, ADAM  
Address: 830 DOUGLAS AVE.  
City-St-Zip: DUNEDIN, FL 34698 US

Title: D (X) Delete  
Name: BUCHSBAUM, PHIL  
Address: 830 DOUGLAS AVE.  
City-St-Zip: DUNEDIN, FL 34698 US

Title: D (X) Delete  
Name: POLLARD, RICHARD  
Address: 830 DOUGLAS AVE.  
City-St-Zip: DUNEDIN, FL 34698 US

Title: T (X) Delete  
Name: SOWELL, STEVE  
Address: 830 DOUGLAS AVE.  
City-St-Zip: DUNEDIN, FL 34698 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: CD (X) Change ( ) Addition  
Name: MYERS, ADAM  
Address: 830 DOUGLAS AVE.  
City-St-Zip: DUNEDIN, FL 34698

Title: T (X) Change ( ) Addition  
Name: SOWELL, STEVE  
Address: 830 DOUGLAS AVE.  
City-St-Zip: DUNEDIN, FL 34698 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT RANDELMAN

PD

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date