


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90527 016 ***150.00

DOCUMENT # P96000079066	
1. Entity Name COOPERATIVE OPHTHALMIC LENS TESTING SERVICE, INC.	

Principal Place of Business 21915 US 19 N CLEARWATER, FL 33765 US	Mailing Address 21915 US 19 N CLEARWATER, FL 33765 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03252005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3404400		App'd For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent PATEL, SANDIP I 18167 U.S. HIGHWAY 19 NORTH, SUITE 150 CLEARWATER, FL 34624		7. Name and Address of New Registered Agent Name <i>Ruden McClosky Smith, Schuster &</i> Street Address (P.O. Box Number is Not Acceptable) <i>150 Second Ave N., 17th Floor</i> City <i>St Petersburg</i> FL Zip Code <i>33701</i>	
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8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P YOUNG, JOHN M 245 SHEFFIELD CIRCLE PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP YOUNG, PATRICIA A 245 SHEFFIELD CIRCLE PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 4.25.05 121-76-2323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #