2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P96000079066

Entity Name: COOPERATIVE OPHTHALMIC LENS TESTING SERVICE, INC.

Current Principal Place of Business:

21915 US 19 N
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

21915 US 19 N
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-3404400 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUDEN MCCLOSKY SMITH SCHUSTER & RUSSEL
150 SECOND AVE N 17TH FL
SAINT PETERSBURG, FL 33701 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: P ( ) Delete
Name: YOUNG, JOHN M
Address: 245 SHEFFIELD CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

Title: VP ( ) Delete
Name: HUTTON, KIMBERLY J
Address: 2029 BRENT PLACE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOHN YOUNG P 04/29/2008

Electronic Signature of Signing Officer or Director Date