## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000079066

FILED Jun 17, 2009 Secretary of State

Entity Name: COOPERATIVE OPHTHALMIC LENS TESTING SERVICE, INC.

Current Principal Place of Business:			New Principal Place	of Business:	
21915 US CLEARWA	19 N ATER, FL 33765	5 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
21915 US CLEARWA	19 N ATER, FL 33769	5 US			
FEI Number:	59-3404400	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
150 SECO	CCLOSKY SMI ND AVE N 17TH FERSBURG, FL				
	named entity su of Florida.	ubmits this statement for the purp	oose of changing its registere	d office or registered agent, or both,	
SIGNATUF	RE:				
	Electronic	Signature of Registered Agent		Date	
		2)(b), F.S., the corporation did not re Trust Fund Contribution ( ).	ceive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip:	P () [ YOUNG, JOHN M 245 SHEFFIELD PALM HARBOR,	CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip:	VP () [ HUTTON, KIMBE 2029 BRENT PL/ PALM HARBOR,	<b>∖</b> CE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 06/17/2009