

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 11, 2006 8:00 am**  
**Secretary of State**

09-11-2006 90005 003 \*\*\*150.00

DOCUMENT # P05000098214

1. Entity Name  
MORE THAN MEETS THE EYE, INC.



Principal Place of Business  
2709 MAYWOOD ST.  
EUSTIS, FL 32726

Mailing Address  
2709 MAYWOOD ST.  
EUSTIS, FL 32726

2. Principal Place of Business

2200 Park Forest Blvd.  
Suite, Apt. #, etc.

3. Mailing Address

2200 Park Forest Blvd.  
Suite, Apt. #, etc.



07112006 Chg-P CR2E034 (11/05)

City & State

Mount Dora, Fl.  
Zip 32757 Country US

City & State

MT. Dora, Fl.  
Zip 32757 Country US

4. FEI Number

20-3115985

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRADEN, CINDI  
2709 MAYWOOD ST.  
EUSTIS, FL 32726

7. Name and Address of New Registered Agent

Name

Cindi Graden

Street Address (P.O. Box Number is Not Acceptable)

2200 Park Forest Blvd.

City

MT. Dora

FL

Zip Code

32757

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

Cindi M. Graden

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME GRADEN, CINDI  
STREET ADDRESS 2709 MAYWOOD ST.  
CITY-ST-ZIP EUSTIS, FL 32726

TITLE VD ☐ Delete  
NAME WHILEY, JOSEPH  
STREET ADDRESS 2709 MAYWOOD ST.  
CITY-ST-ZIP EUSTIS, FL 32726

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME CINDI GRADEN  
STREET ADDRESS 2200 PARK FOREST BLVD  
CITY-ST-ZIP MOUNT DORA, FL. 32757

TITLE VD ☒ Change ☐ Addition  
NAME JOSEPH WHILEY  
STREET ADDRESS 2200 PARK FOREST BLVD  
CITY-ST-ZIP MOUNT DORA, FL. 32757 (32757)

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cindi M. Graden Cindi Graden

9/4/06

352-357-1629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #