

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000055407

Entity Name: MY FATHER'S EYES, INC.

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4505 KYLEPOINT WAY  
VALRICO, FL 33596

**New Principal Place of Business:**

673-A W. LUMSDEN ROAD  
BRANDON, FL 33511

**Current Mailing Address:**

4505 KYLEPOINT WAY  
VALRICO, FL 33596

**New Mailing Address:**

673-A W. LUMSDEN ROAD  
BRANDON, FL 33511

FEI Number: 27-2977761

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLYTHE, LINDY C  
4505 KYLEPOINT WAY  
VALRICO, FL 33596 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BLYTHE, LINDY C  
Address: 4505 KYLEPOINT WAY  
City-St-Zip: VALRICO, FL 33596

Title: SEC  
Name: BLYTHE, EDGAR M  
Address: 4505 KYLEPOINT WAY  
City-St-Zip: VALRICO, FL 33596

Title: DIR  
Name: BLYTHE, LINDY C  
Address: 4505 KYLEPOINT WAY  
City-St-Zip: VALRICO, FL 33596

Title: TREA  
Name: BLYTHE, LINDY C  
Address: 4505 KYLEPOINT WAY  
City-St-Zip: VALRICO, FL 33596

I hereby 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 all other like empowered.

SIGNATURE: LINDY BLYTHE

P

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date