

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000100752

FILED  
Apr 18, 2012  
Secretary of State

**Entity Name:** EPIC THEATRES OF ST. AUGUSTINE, INC.

**Current Principal Place of Business:**

1798 S. WOODLAND BLVD.  
DELAND, FL 32720 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2076  
DELAND, FL 32721 US

**New Mailing Address:**

**FEI Number:** 20-1328388

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BIERNACKI, RAYMOND A JR.  
2667 ENTERPRISE RD.  
ORANGE CITY, FL 32763 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:** DEMARSH, WILLIAM F  
**Address:** P.O. BOX 2076  
**City-St-Zip:** DELAND, FL 32721 US

**Title:** VP  
**Name:** DEMARSH, CHESTER C  
**Address:** P.O. BOX 2076  
**City-St-Zip:** DELAND, FL 32721 US

**Title:** VP  
**Name:** HYZER, DAVID  
**Address:** P.O. BOX 100  
**City-St-Zip:** BAD AXE, MI 48413 US

**Title:** S  
**Name:** LAWRENCE, EDITH D  
**Address:** P.O. BOX 2076  
**City-St-Zip:** DELAND, FL 32721 US

**Title:** T  
**Name:** LAWRENCE, EDITH D  
**Address:** P.O. BOX 2076  
**City-St-Zip:** DELAND, FL 32721 US

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:** EDITH D. LAWRENCE

SEC

04/18/2012

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

\_\_\_\_\_  
Date