2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# P05000104321

Entity Name: EPIC THEATRES OF FOUR SEASONS, 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: 20-3202647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEMARSH, WILLIAM F
2209 OAK HILL DRIVE
DELAND, FL 32720 US

Name and Address of New Registered Agent:

BIERNACKI, RAYMOND J
2667 ENTERPRISE RD.
ORANGE CITY, FL 32763 US

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: RAYMOND J. BIERNACKI 03/27/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DEMARSH, WILLIAM F
Address: P.O. BOX 2076
City-St-Zip: DELAND, FL 32721 US

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: EDITH D. LAWRENCE SEC 03/27/2009
Electronic Signature of Signing Officer or Director Date