

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000020998

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** EPIDEMIC DISTRIBUTION, INC.

**Current Principal Place of Business:**

4 DOLPHIN BLVD  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1622  
PONTE VEDRA BEACH, FL 32004 US

**New Mailing Address:**

**FEI Number:** 26-2061142

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARSON, BRETT W  
4 DOLPHIN BLVD  
PONTE VEDRA BEACH, FL 32082 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: GARSON, BRETT W  
Address: 4 DOLPHIN BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 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: BRETT W. GARSON

PRES

04/30/2012

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

\_\_\_\_\_  
Date