

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000069798

Entity Name: MAD OUTFITTERS, INC.

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

3635 SOUTH RIDGE CIRCLE  
TITUSVILLE, FL 32796 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

3635 SOUTH RIDGE CIRCLE  
TITUSVILLE, FL 32796 US

## **New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

DUNCANSON, MEGAN A  
3635 SOUTH RIDGE CIRCLE  
TITUSVILLE, FL 32796 US

## **Name and Address of New Registered Agent:**

DUNCANSON, MEGAN A MS  
3635 SOUTH RIDGE CIRCLE  
TITUSVILLE, FL 32796 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: MEGAN AROON DUNCANSON

01/09/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: MS  
Name: DUNCANSON, MEGAN A  
Address: 3635 SOUTH RIDGE CIRCLE  
City-St-Zip: TITUSVILLE, FL 32796 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: MEGAN AROON DUNCANSON

MS

01/09/2012

Electronic Signature of Signing Officer or Director

Date