


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90039 016 \*\*\*150.00

<b>DOCUMENT # M94850</b> 1. Entity Name <b>VIDEO CITY OF HIGH SPRINGS, INC.</b>																																																																																																															
Principal Place of Business <b>825 SANTA FE BLVD</b> <b>HIGH SPRINGS, FL 32643 US</b> <b>19975 NW 244th St. Unit 30</b>		Mailing Address <b>18585 So. US HWY 441</b> <b>825 NW SANTA FE BLVD</b> <b>HIGH SPRINGS, FL 32643 US</b>																																																																																																													
2. Principal Place of Business <b>19975 NW 244th St</b> Suite, Apt. #, etc. <b>Unit 30</b> City & State <b>High Springs Florida</b> Zip <b>32643</b> Country		3. Mailing Address <b>18585 So. US HWY 441</b> Suite, Apt. #, etc. City & State <b>High Springs, FL</b> Zip <b>32643</b> Country																																																																																																													
6. Name and Address of Current Registered Agent <b>MACKINNON, GEORGE E</b> <i>Mackinnon</i> <b>18585 SOUTH HWY 441</b> <b>HIGH SPRINGS, FL 32643</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																													
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agents signature required when re-registering) _____ DATE _____																																																																																																															
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																													
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>MACKINNON, GEORGE E.</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>18585 SOUTH HWY 441</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>HIGH SPRINGS, FL 32643</b></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>MACKINNON, CYNTHIA L.</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>18585 SOUTH HWY</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>HIGH SPRINGS, FL 32643</b></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete <input type="checkbox"/>	NAME	<b>MACKINNON, GEORGE E.</b>		STREET ADDRESS	<b>18585 SOUTH HWY 441</b>		CITY-ST-ZIP	<b>HIGH SPRINGS, FL 32643</b>		TITLE	NAME	Delete <input type="checkbox"/>	NAME	<b>MACKINNON, CYNTHIA L.</b>		STREET ADDRESS	<b>18585 SOUTH HWY</b>		CITY-ST-ZIP	<b>HIGH SPRINGS, FL 32643</b>		TITLE	NAME	Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete <input type="checkbox"/>																																																																																																													
NAME	<b>MACKINNON, GEORGE E.</b>																																																																																																														
STREET ADDRESS	<b>18585 SOUTH HWY 441</b>																																																																																																														
CITY-ST-ZIP	<b>HIGH SPRINGS, FL 32643</b>																																																																																																														
TITLE	NAME	Delete <input type="checkbox"/>																																																																																																													
NAME	<b>MACKINNON, CYNTHIA L.</b>																																																																																																														
STREET ADDRESS	<b>18585 SOUTH HWY</b>																																																																																																														
CITY-ST-ZIP	<b>HIGH SPRINGS, FL 32643</b>																																																																																																														
TITLE	NAME	Delete <input type="checkbox"/>																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE	NAME	Delete <input type="checkbox"/>																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE	NAME	Delete <input type="checkbox"/>																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																															
<b>SIGNATURE:</b> <i>Cynthia L. Mackinnon</i> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																															
		Date _____ Daytime Phone # _____																																																																																																													