

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90112 004 \*\*\*150.00

**DOCUMENT**

1. Entity Name

D & M 'S HIGH VOLTAGE, INC.



Principal Place of Business

P.O. BOX 24002  
TAMPA, FL 33623

Mailing Address

SAME

**50049547**



01052005 No Chg-P CR2E034 (10/03)

4. FCI Number

20-0999848

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME DAVID L. MCKINNON  
STREET ADDRESS P.O. BOX 24002  
CITY-ST-ZIP TAMPA, FL 33623

TITLE VP  
NAME JIM KANE  
STREET ADDRESS P.O. BOX 24002  
CITY-ST-ZIP TAMPA, FL 33623

TITLE VP  
NAME RANDY BAISDEN  
STREET ADDRESS P.O. BOX 24002  
CITY-ST-ZIP TAMPA, FL 33623

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: David L. McKinnon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/05

Date

Daytime Phone #

813-784-8165