

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90373 016 ***150.00

DOCUMENT # P04000019657

1. Entity Name
D&M'S HIGH VOLTAGE, INC.



Principal Place of Business
~~P O BOX 24006~~
~~TAMPA, FL 33623 US~~
915-D HARBOUR LAKE DR.
SAFETY HARBOR, FL 34695

Mailing Address
P O BOX 24006 24002
TAMPA, FL 33623 US

40074361



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

~~P O BOX 24002~~

Suite, Apt. #, etc.

P O BOX 24002

04202006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
20-0999848

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

04/26/06

Date

813-784-8165

Daytime Phone #