



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 158943 1. Entity Name SOUTHERN TRUCK EQUIPMENT SERVICE INC.					
Principal Place of Business 1314 W. CHURCH ST ORLANDO FL 32805			Mailing Address 1314 W. CHURCH ST 1314 W CHURCH ST ORLANDO FL 32805		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-0600648 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Barcode:  1st MOORE OR2E034 (10/04)	
6. Name and Address of Current Registered Agent SAPP, JERALD C 1314 WEST CHURCH STREET ORLANDO FL 32805			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME SAPP, JERALD C STREET ADDRESS 103 WAX MYRTLE LANE CITY-STATE-ZIP LONGWOOD, FL 00000	<input type="checkbox"/> Delete		NAME STREET ADDRESS CITY-STATE-ZIP 000000263150 03/16/05-80044-007 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SAPP, MAUREEN A STREET ADDRESS 3103 KELLY PARK RD CITY-STATE-ZIP APOPKA, FL 00000	<input type="checkbox"/> Delete		NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SAPP, RODNEY D STREET ADDRESS 1314 WEST CHURCH ST CITY-STATE-ZIP ORLANDO, FL 00000	<input type="checkbox"/> Delete		NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SAPP, RODNEY D STREET ADDRESS 1314 WEST CHURCH ST CITY-STATE-ZIP ORLANDO, FL 00000	<input type="checkbox"/> Delete		NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *[Handwritten Signature]* 3/16/05