


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 168423 1. Entity Name SOUTHERN EQUIPMENT CORPORATION	
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Principal Place of Business 1720 W CLEVELAND ST C TAMPA, FL 33606 US	Mailing Address 1720 W CLEVELAND STREET C TAMPA, FL 33606 US
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DO NOT WRITE IN THIS SPACE



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0673146	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARTSOCK, BARTON D. 1720 W CLEVELAND STREET TAMPA, FL 33606

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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 reinstating) DATE: **07/11/06-80012-011 150.00**

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CB HARTSOCK, BARTON D 1720 W CLEVELAND ST TAMPA, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS JOHNSON, WILLIAM, JR. 1720 W CLEVELAND ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERRY, BRYAN 1720 W CLEVELAND ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Bryan C. Berry Pres. **7-6-05 813.251-1839**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #