


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

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



01032007 No Chg-P CR2E034 (11/05)

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

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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
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**DO NOT WRITE  
IN THIS SPACE**

000000582023  
01/11/07-80014-012 150.00

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 1-2-07 813-251-1839  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #