


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F95000002853</b> 1. Entity Name SOUTHERN TIRE COMPANY OF GEORGIA	
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Principal Place of Business 290-B HARPER BLVD MOULTRIE, GA 31768 US	Mailing Address POST OFFICE BOX 1627 MOULTRIE, GA 31776 US
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01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-1270437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  COOPER, JEFFREY B 9137 MORNINGTON DRIVE JACKSONVILLE, FL 32257
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOPER, HUGH D 931 JOHN BUCK MCCOY ROAD MOULTRIE, GA 31768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOPER, LEE B 931 JOHN BUCK MCCOY RD MOULTRIE, GA 31788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOPER, ROBERT L 7427 GA HWY 133 SOUTH MOULTRIE, GA 31768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOPER SMITH, KIMBERLY 931 A JOHN BUCK MCCOY RD MOULTRIE, GA 31788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000579921 01/10/07-80026-010 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 another like empowered.

SIGNATURE: <u>Robert L. Cooper</u> Robert L. Cooper 1/4/07 229-985-5588 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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