


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Apr 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # P95000006379

1. Entity Name
SOUTHERN TIRE EQUIPMENT & SUPPLIES INC.



Principal Place of Business: 6455 PEMBROKE RD, HOLLYWOOD, FL 33023

Mailing Address: 5320 LANCELOT LN, DAVIE, FL 33331



02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0641666 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

HOCKE, LINDA
5320 LANCELOT LANE
DAVIE, FL 33331

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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: Linda Hocke Linda Hocke

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOCKE, ROBERT
STREET ADDRESS	5320 LANCELOT LN.
CITY-ST-ZIP	DAVIE, FL 33331
TITLE	ST
NAME	HOCKE, LINDA
STREET ADDRESS	5320 LANCELOT LN.
CITY-ST-ZIP	DAVIE, FL 33331
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 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #