

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**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



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0641666

Applied For  
Not Applicable

6. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

HOCKE, LINDA  
5320 LANCELOT LANE  
DAVIE, FL 33331

**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 \_\_\_\_\_

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, 2007 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	

000000710373  
04/25/07-80041-006-150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert Hocke*

4/15/07  
Date

954/987-8  
Daytime Phone #