## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000148125

Title:

Name:

Address:

City-St-Zip:

**TRES** 

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BEARRY, WILLIAM E JR.

LAKE ELMO, MN 55042

935 MIDWEST TRAIL NORTH

Entity Name: SOUTHEAST MOTOR CREDIT CORP.

FILED Sep 10, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
869 QUEENS HARBOUR BLVD. JACKSONVILLE, FL 32225			6728 BLANDING BLVD JACKSONVILLE, FL 32244		
Current Mailing Address:			New Mailing Address:		
869 QUEENS HARBOUR BLVD. JACKSONVILLE, FL 32225			P.O. BOX 441392 JACKSONVILLE, FL 32222		
FEI Number:	73-1687766	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
869 QUEE	SUZANNE M NS HARBOUI VILLE, FL 322				
The above in the State		submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Age			nt Date		
Election Can	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P/D ( BEARRY, WILI 935 MIDWEST LAKE ELMO, M	TRAIL NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BEARRY, SUZ	HARBOUR BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SCTY ( BEARRY, WILI 935 MIDWEST LAKE ELMO, M	TRAIL NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM E. BEARRY VP 09/10/2004

() Change () Addition