

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 673116

**Entity Name:** SOUTHEAST CAR AGENCY, INC.**Current Principal Place of Business:**310 NE 39 AVE  
GAINESVILLE, FL 32609**Current Mailing Address:**310 NE 39 AVE  
GAINESVILLE, FL 32609 US**FEI Number:** 59-2029707**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COUSINS, SHERRI M  
310 NE 39 AVE  
GAINESVILLE, FL 32609 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | PRES                 |
| Name            | COUSINS, THOMAS S    |
| Address         | 310 NE 39TH AVE      |
| City-State-Zip: | GAINESVILLE FL 32609 |

|                 |                      |
|-----------------|----------------------|
| Title           | VP                   |
| Name            | COUSINS, ROBERT M    |
| Address         | 310 NE 39TH AVE      |
| City-State-Zip: | GAINESVILLE FL 32609 |

|                 |                      |
|-----------------|----------------------|
| Title           | SEC                  |
| Name            | COUSINS, SHERRI M    |
| Address         | 310 NE 39TH AVE      |
| City-State-Zip: | GAINESVILLE FL 32609 |

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | COUSINS, JOHN        |
| Address         | 310 NE 39 AVE        |
| City-State-Zip: | GAINESVILLE FL 32609 |

*I hereby 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 all other like empowered.*

**SIGNATURE:** SHERRI COUSINS

SEC

01/27/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date