

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000001887

1. Entity Name

COX POOLS OF THE SOUTHEAST, INCORPORATED



Principal Place of Business

5598 MONTGOMERY HIGHWAY
DOTHAN AL 36303
US

Mailing Address

5598 MONTGOMERY HIGHWAY
DOTHAN AL 36303
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-1054605

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LOVETT, MICHAEL E
4523 N SHORE RD
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|-----------------|-------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | LOVETT, MICHAEL E | |
| STREET ADDRESS | 5598 MONTGOMERY HIGHWAY | |
| CITY - ST - ZIP | DOTHAN AL 36303 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | WRIGHT, VINCENT D | |
| STREET ADDRESS | 5598 MONTGOMERY HIGHWAY | |
| CITY - ST - ZIP | DOTHAN AL 36303 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | BROADWATER, CAROLYN | |
| STREET ADDRESS | 5598 MONTGOMERY HWY | |
| CITY - ST - ZIP | DOTHAN AL 36303 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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01/24/05-80041-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Vincent Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-05

334-983-8300

Date

Daytime Phone #