

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000001887

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** COX POOLS OF THE SOUTHEAST, INCORPORATED

**Current Principal Place of Business:**

5598 MONTGOMERY HIGHWAY  
DOTHAN, AL 36303 US

**New Principal Place of Business:**

**Current Mailing Address:**

5598 MONTGOMERY HIGHWAY  
DOTHAN, AL 36303 US

**New Mailing Address:**

**FEI Number:** 63-1054605

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LOVETT, MICHAEL E  
Address: 5598 MONTGOMERY HIGHWAY  
City-St-Zip: DOTHAN, AL 36303

Title: V  
Name: FLOWERS, GEORGE D  
Address: 5598 MONTGOMERY HIGHWAY  
City-St-Zip: DOTHAN, AL 36303

Title: S  
Name: SLOOP, NANCY  
Address: 5598 MONTGOMERY HWY  
City-St-Zip: DOTHAN, AL 36303

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: NANCY SLOOP

TREA

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date