2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000084673

1. Entity Name
QUALITY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
5074 VELDA DAIRY RD TALLAHASSEE, FL 32309	5074 VELDA DAIRY RD TALLAHASSEE, FL 32309

DO NOT WRITE IN THIS SPACE

05182007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3672693	Not Applicable

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

6. Name and Address of Current Registered Agent

MAJORS, KAY
5074 VELDA DAIRY RD
TALLAHASSEE, FL 32309

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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 **Due by September 14, 2007**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAJORS, KAY
STREET ADDRESS	5074 VELDA DAIRY RD
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	STD
NAME	MAJORS, JOEL E
STREET ADDRESS	5074 VELDA DAIRY RD
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900103197639
05/24/07--01026--021 **150.00

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K. Eckel   MAY 18 2007

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: _Kay Majors_   5/18/07   (850)893-1666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #