

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90197 001 \*\*\*\*\*8.75  
09-08-2004 90197 002 \*\*\*155.00

**DOCUMENT # P03000058466**

1. Entity Name

**QUALITY LAKE MANAGEMENT, INC.**



Principal Place of Business

**2917 WEST 8TH STREET  
JACKSONVILLE FL 32254**

Mailing Address

**2917 WEST 8TH STREET  
JACKSONVILLE FL 32254**

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 41015**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Jacksonville, FL 32203**

City & State

City & State

**Jacksonville, FL,**

Zip

Country

Zip

**32203**

Country

**DUVAL**

4. FEI Number

**59-3680212**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIDDLETON, ANTHONY J  
2917 WEST 8TH STREET  
JACKSONVILLE FL 32254**

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 \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **MIDDLETON, ANTHONY J**  
STREET ADDRESS **2917 WEST 8TH STREET**  
CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE **--** ☐ Delete  
NAME **--**  
STREET ADDRESS **--**  
CITY-ST-ZIP **--**

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CITY-ST-ZIP **--**

TITLE **--** ☐ Delete  
NAME **--**  
STREET ADDRESS **--**  
CITY-ST-ZIP **--**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **--** ☐ Change ☐ Addition  
NAME **--**  
STREET ADDRESS **--**  
CITY-ST-ZIP **--**

TITLE **--** ☐ Change ☐ Addition  
NAME **--**  
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CITY-ST-ZIP **--**

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TITLE **--** ☐ Change ☐ Addition  
NAME **--**  
STREET ADDRESS **--**  
CITY-ST-ZIP **--**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

**MIDDLETON, Anthony J**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8-31-04 904(607-1525)**