

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

DOCUMENT # P03000058466

1. Entity Name

QUALITY LAKE MANAGEMENT, INC.



Principal Place of Business

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

Mailing Address

**P.O. BOX 41015
JACKSONVILLE FL 32203**

2. Principal Place of Business

**2357 N Edgewood Ave
Suite, Apt. #, etc.
Jacksonville, FL 32254**

3. Mailing Address

**2357 N Edgewood Ave
Suite, Apt. #, etc.
Jacksonville, FL 32254**

City & State

Jacksonville, FL

City & State

Jacksonville, FL 32254

Zip

32254

Country

USA

Zip

32254

Country

USA

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

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

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

TITLE ☐ Delete
NAME **Middleton, Anthony**
STREET ADDRESS **2357 N Edgewood Ave**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **Middleton, Anthony**
STREET ADDRESS **2357 N Edgewood Ave**
CITY-ST-ZIP **Jacksonville, FL 32254**

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

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

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

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

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:

Anthony J. Middleton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #