

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

DOCUMENT # P03000058466

1. Entity Name

QUALITY LAKE MANAGEMENT, INC.



02-13-2007 90050 001 ***155.00

02-13-2007 90050 002 *****8.75

Principal Place of Business
2357 N EDGEWOOD AVE
JACKSONVILLE FL 32254

Mailing Address
2357 N EDGEWOOD AVE
JACKSONVILLE FL 32254



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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
5135 HANCOCK RD
JACKSONVILLE FL 32254

Name
MIDDLETON, Anthony J
Street Address (P.O. Box Number is Not Acceptable)
3500 UNIVERSITY BLVD N
APARTMENT 3402
City JACKSONVILLE FL Zip Code 32277

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 re-instating)

DATE

Anthony J. Middleton

2-5-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MIDDLETON, ANTHONY J 2357 N EDGEWOOD AVE JACKSONVILLE FL 32254 | <input type="checkbox"/> Delete |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

2-5-07 (909) 607-1525
Date Daytime Phone *