2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Jan 28, 2008 .08:00 AN Secretary of State DOCUMENT # P03000058466 1. Entity Name QUALITY LAKE MANAGEMENT, INC. Principal Place of Business Mailing Address 2357 N EDGEWOOD AVE 2357 N EDGEWOOD AVE JACKSONVILLE FL 32254 JACKSONVILLE FL 32254 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEt Number Applied For 59-3680212 Not Applicable Zip Country Zιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MIDDLETON, ANTHONY J Street Address (P.O. Box Number is Not Acceptable) 3500 UNIVERSITY BLVD N **APARTMENT 3402** JACKSONVILLE FL 32277 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or corn, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or signed name of registered agent and the Hamplicable. DATE (NOTE: Registrated Agont a proture required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaion Financina After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Derete TITLE Change Addition NAME MIDDLETON, ANTHONY J NAME U000000801745 STREET ADDRESS 2357 N EDGEWOOD AVE STREET ADDRESS 02/01/08-80031-002 163.75 JACKSONVILLE FL 32254 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS OITY - ST - 719 CITY-SI-ZIP THILE Derete TITLE Change Addition FILLRAGE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TETLE ☐ Change Addition NAM: NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Change TITLE Defete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Anythony J. W. DUETON 1-25-08 (904)378-3900

PRICE DE DIRECTOR DIVERTOR

with all other like empowered.

of the corporation or the if changed, or on an only

SIGNATURE