

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000024543**

1. Entity Name  
**SOUTHERN QUALITY PROFESSIONAL CENTER, INC.**



Principal Place of Business

**5009 LOG CABIN DRIVE  
LAKELAND, FL 33809**

Mailing Address

**5009 LOG CABIN DRIVE  
LAKELAND, FL 33809**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3382153**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**MORRISON, JOSEPH A  
5410 SOUTH FLORIDA AVE., SUITE 3  
LAKELAND, FL 33813**

**DO NOT WRITE  
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

**CITY-NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**000000588779  
01/17/07-80085-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE **D**  
NAME **DEMICHAEL, FRED JR.**  
STREET ADDRESS **5009 LOG CABIN DRIVE**  
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-9-07**

Date

**863-647-3899**

Daytime Phone #