


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90985 004 ***150.00

DOCUMENT # P98000020800
1. Entity Name
WALTER WILLIAMS PROPERTY MANAGEMENT, INC.



Principal Place of Business
**10450 SAN JOSE BLVD
JACKSONVILLE FL 32257**

Mailing Address
**10450 SAN JOSE BLVD
JACKSONVILLE FL 32257**

2. Principal Place of Business
6983-6 103RD STREET
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 600695
Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL. 32210

City & State
JACKSONVILLE, FL. 32260-0695

Zip Country Zip Country

4. FEI Number
59-3501039

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

PRATT, DENNIS L
10450 SAN JOSE BLVD
SUITE 3
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	<input type="checkbox"/> Delete
NAME	WILLIAMS, WALTER	
STREET ADDRESS	10450 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VT	<input type="checkbox"/> Delete
NAME	IDDINGS, COLLEEN R	
STREET ADDRESS	1713 SEA FAIR DR	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	S	<input type="checkbox"/> Delete
NAME	POWERS, JEAN	
STREET ADDRESS	8063 RAYMOND ST	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Asst. VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Franklin, Wanda	
STREET ADDRESS	11641 Buckhead Trail	
CITY-ST-ZIP	Bryceville, Fl 32009	
TITLE	Asst. VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kirschbaum, Joachim Wilhelm	
STREET ADDRESS	98 Fenimore Lane	
CITY-ST-ZIP	Palm Coast, Fl. 32137	
TITLE	Asst. VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mercel, Edward Lester	
STREET ADDRESS	206 Sea Coast Lane	
CITY-ST-ZIP	Ponte Vedra Beach, Fl. 32082	
TITLE	Asst. VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'Brien, Nora M.	
STREET ADDRESS	4421 Goodbys Hiway Drive North	
CITY-ST-ZIP	Jacksonville, Fl. 32217	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: *Walter L. Williams, Jr.* **March 2, 2004** **904-394-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #