

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90383 031 ***150.00

DOCUMENT # P98000020800

1. Entity Name
WALTER WILLIAMS PROPERTY MANAGEMENT, INC.



Principal Place of Business
**6983-6 103RD STREET
 JACKSONVILLE, FL 32210**

Mailing Address
**PO BOX 600695
 JACKSONVILLE, FL 32260-0695**

50016244



2. Principal Place of Business
 Suite, Apt. #, etc.
Suite 101

3. Mailing Address
**4348 Southpoint Blvd.
 Suite 101**

01182006 Chg-P CR2E034 (11/05)

City & State
Jacksonville Fl. 32216

4. FEI Number
59-3501039

Applied For
 Not Applicable

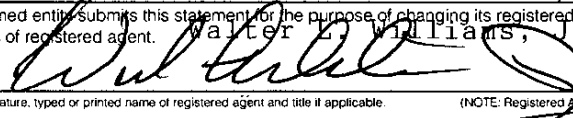
Zip Country
32216 USA

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

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
Walter L. Williams, Jr.
 Street Address (P.O. Box Number is Not Acceptable)
**4348 Southpoint Blvd.
 Suite 101**
 City **Jacksonville** **FL** Zip Code **32216**

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. **Walter L. Williams, Jr.**

SIGNATURE:  **President** **4-18-06**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

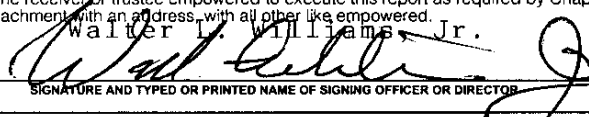
10. OFFICERS AND DIRECTORS

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	AVP	<input type="checkbox"/> Delete
NAME	FRANKLIN, WANDA	
STREET ADDRESS	11641 BUCKHEAD TRAIL	
CITY-ST-ZIP	BRYCEVILLE, FL 32009	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	O'BRIAN, NORA M	
STREET ADDRESS	4421 GOODBYS HIWAY DRIVE NORTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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 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:  **Walter L. Williams, Jr.** **4-18-06** **904-394-2350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #