2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# P98000020800

Entity Name: WALTER WILLIAMS PROPERTY MANAGEMENT, INC.

Current Principal Place of Business:

6983-6 103RD STREET
JACKSONVILLE, FL 32210

New Principal Place of Business:

4348 SOUTHPOINT BLVD
SUITE 101
JACKSONVILLE, FL 32216

Current Mailing Address:

4348 S POINT BLVD
STE 101
JACKSONVILLE, FL 32216

New Mailing Address:

4348 SOUTHPOINT BLVD
STE 101
JACKSONVILLE, FL 32216

FEI Number: 59-3501039 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, WALTER L JR
4348 S POINT BLVD
SUITE 101
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

WILLIAMS, WALTER L JR
4348 SOUTHPOINT BLVD
SUITE 101
JACKSONVILLE, FL 32216 US

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.

SIGNATURE: _____ 01/08/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILLIAMS, WALTER
Address: 10450 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257

Title: VT ( ) Delete
Name: IDDINGS, COLLEEN R
Address: 1713 SEA FAIR DR
City-St-Zip: ST AUGUSTINE, FL 32084

Title: S ( ) Delete
Name: POWERS, JEAN
Address: 8063 RAYMOND ST
City-St-Zip: JACKSONVILLE, FL 32221

Title: AVP ( ) Delete
Name: FRANKLIN, WANDA
Address: 11641 BUCKHEAD TRAIL
City-St-Zip: BRYCEVILLE, FL 32009

Title: AVP ( ) Delete
Name: O'BRIAN, NORA M
Address: 4421 GOODBYS HIDEWAY DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32217

Title: AVP ( ) Delete
Name: FRAGALE, PETER
Address: 293 MOSES CREEK BLVD
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WILLIAMS, WALTER
Address: 4348 SOUTHPOINT BLVD SUITE 101
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER L WILLIAMS, JR PRES 01/08/2007
Electronic Signature of Signing Officer or Director — Date