


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000020800 1. Entity Name WALTER WILLIAMS PROPERTY MANAGEMENT, INC.	
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FILED
07 JUL -2 AM 10: 03
STATE OF FLORIDA
TALLAHASSEE, FLORIDA



Principal Place of Business 4348 SOUTHPOINT BLVD SUITE 101 JACKSONVILLE, FL 32216	Mailing Address 4348 SOUTHPOINT BLVD STE 101 JACKSONVILLE, FL 32216
2. Principal Place of Business No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

05142007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3501039	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, WALTER L JR 4348 SOUTHPOINT BLVD SUITE 101 JACKSONVILLE, FL 32216	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 _____ <small>Signature typed, printed name of registered agent and title if applicable (BLOCK 7) Registered Agent signature required when registered</small>	

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D WILLIAMS, WALTER	TITLE	AVP Jack Leo McSwain, Jr.
STREET ADDRESS	4348 SOUTHPOINT BLVD SUITE 101	STREET ADDRESS	2225 Five Acres Road
CITY ST ZIP	JACKSONVILLE, FL 32216	CITY ST ZIP	Green Cove Spgs., FL 32043-9417
TITLE	VT IDDINGS, COLLEEN R	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1713 SEA FAIR DR	STREET ADDRESS	600105642626
CITY ST ZIP	ST AUGUSTINE, FL 32084	CITY ST ZIP	07/06/07--01055--010 **\$1.25
TITLE	S POWERS, JEAN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8063 RAYMOND ST	STREET ADDRESS	<i>\$17/5</i>
CITY ST ZIP	JACKSONVILLE, FL 32221	CITY ST ZIP	
TITLE	AVP FRANKLIN, WANDA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11641 BUCKHEAD TRAIL	STREET ADDRESS	
CITY ST ZIP	BRYCEVILLE, FL 32009	CITY ST ZIP	
TITLE	AVP O'BRIAN, NORA M	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4421 GOODBYS HIWAY DRIVE NORTH	STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 32217	CITY ST ZIP	
TITLE	AVP FRAGALE, PETER	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	293 MOSES CREEK BLVD	STREET ADDRESS	
CITY ST ZIP	ST. AUGUSTINE, FL 32086	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 empowerments.

SIGNATURE: *Walter Williams* **6-28-07** **904-394-2350**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Declared Director