

**2008 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**FILED**

**08 JUL 25 AM 9:38**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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




Principal Place of Business      Mailing Address  
**4348 SOUTHPOINT BLVD**      **4348 SOUTHPOINT BLVD**  
**SUITE 101**      **STE 101**  
**JACKSONVILLE, FL 32216**      **JACKSONVILLE, FL 32216**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



07182008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**59-3501039**      Not Applicable

5. Certificate of Status Desired       \$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Amended AR is \$61.25**      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	4348 SOUTHPOINT BLVD SUITE 101	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
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 checked="" type="checkbox"/> Delete
NAME	FRANKLIN, WANDA	
STREET ADDRESS	11641 BUCKHEAD TRAIL	
CITY-ST-ZIP	BRYCEVILLE, FL 32009	
TITLE	AV	<input type="checkbox"/> Delete
NAME	MCSWAIN, JACK L JR	
STREET ADDRESS	2225 FIVE ACRES ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 320439417	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	FRAGALE, PETER	
STREET ADDRESS	293 MOSES CREEK BLVD	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	

**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 another, duly empowered.

SIGNATURE: \_\_\_\_\_      Date: **7-25-08**      Daytime Phone #: **904-421-9000**

**KS**