

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Mar 05, 2009
Secretary of State**

DOCUMENT# P98000020800

Entity Name: WALTER WILLIAMS PROPERTY MANAGEMENT, INC.

Current Principal Place of Business:

6983-6 103RD STREET
SUITE 6
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

6983-6 103RD STREET
SUITE 6
JACKSONVILLE, FL 32210

New Mailing Address:

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

Name and Address of Current Registered Agent:

WILLIAMS, JR., WALTER L
10450 SAN JOSE BLVD.
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

Title: EVP () Delete
Name: WILLIAMS, III, WALTER L
Address: 2541 MICHAELSON WAY
City-St-Zip: JACKSONVILLE, FL 32223

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

Title: AVP () Delete
Name: MCSWAIN, JACK L JR
Address: 2225 FIVE ACRES ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 320439417

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: AVP () Change (X) Addition
Name: GARNER, RONDA
Address: 479 ARRICOLA AVE.
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify 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.

DP

03/05/2009

Electronic Signature of Signing Officer or Director

_____ Date