

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000020800

FILED
Feb 10, 2012
Secretary of State

Entity Name: WALTER WILLIAMS PROPERTY MANAGEMENT, INC.

Current Principal Place of Business:

10450 SAN JOSE BLVD
SUITE 1
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

10450 SAN JOSE BLVD
SUITE 1
JACKSONVILLE, FL 32257

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.
SUITE 1
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: DCHA
Name: WILLIAMS, JR, WALTER L
Address: 10450 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: PRES
Name: WILLIAMS, III, WALTER L
Address: 2541 MICHAELSON WAY
City-St-Zip: JACKSONVILLE, FL 32223

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: WALTER L WILLIAMS, III

PRES

02/10/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date