

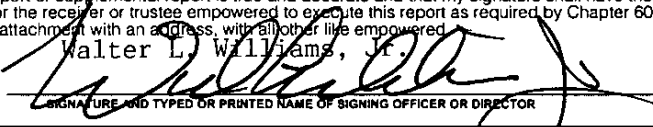


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90005 009 ***150.00

DOCUMENT # 164947 1. Entity Name WALTER WILLIAMS & SONS, INC.					
Principal Place of Business PO BOX 600695 JACKSONVILLE, FL 32260-0695				Mailing Address PO BOX 600695 JACKSONVILLE, FL 32260-0695	
2. Principal Place of Business 4348 Southpoint Blvd. Suite, Apt. #, etc. Suite # 101 City & State Jacksonville, FL Zip 32216 Country USA		3. Mailing Address 4348 Southpoint Blvd. Suite, Apt. #, etc. Suite # 101 City & State Jacksonville, FL Zip 32216 Country USA			
01182006 Chg-P CR2E034 (11/05)				4. FEI Number 59-0655654	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WILLIAMS, WALTER JR. 10450 SAN JOSE BLVD. JACKSONVILLE, FL 32257			7. Name and Address of New Registered Agent Name Walter Williams, Jr. Street Address (P.O. Box Number is Not Acceptable) 4348 Southpoint Blvd. Suite 101 City Jacksonville FL Zip Code 32216		
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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, WALTER L JR. 10450 SAN JOSE BLVD. JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Williams, Walter L. JR. 4348 Southpoint Blvd. Suite 101 Jacksonville, FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, KENT ALAN 10450 SAN JOSE BLVD. JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Williams, Kent Alan 4348 Southpoint Blvd. Ste 101 Jacksonville, FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POWERS, HILDA JEAN 10450 SAN JOSE BLVD. JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Powers, Hilda Jean 4348 Southpoint Blvd. Ste 101 Jacksonville, FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POWERS, GERALD K. 10450 SAN JOSE BLVD. JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Powers, Gerald K. 4348 Southpoint Blvd. Ste 101 Jacksonville, FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.					
SIGNATURE: 			3/10/06 904-421-9000 <small>Date Daytime Phone #</small>		