## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 164947						03-20-2006 90005 009 ***150.00				
1. Entity Name WALTER WILLIAMS & SONS, INC.										
Principal Plac	e of Business	Mailing Address	Mailing Address		<del></del>					
PO BOX 600 Jacksonvili	695 .E, FL 32260-0695	PO BOX 600695 IACKSONVILLE, FL 32260-0695		15						
								III ANGII DIBII GIBL		
	Place of Business	3. Mailing Address	. Mailing Address							
	thpoint Blvd.		348 Southpoint Blvd.,			1111 01010 (02) 91011 (00)		en alen alan bian	1201 11 12 12 1	
Suite, Apt.	· ·	Suite, Apt. #, etc.	· · ·		01182006	Chg-P	CR2E	034 (11/05)		
	te # 101		Suite # 101					<u> </u>		
City & Stat	rille, Fl	Jacksonville,	City & State Jacksonville. Fl.			er <b>5654</b>			plied For Applicable	
Zip	Country	Zip	Count	trv	39-003	3034		\$8.75 Add		
32216	USA	32216	US	•	5. Certificate	of Status Desired		Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
				Name						
WILLIAMS, WALTER JR.				Walter Williams, Jr. Street Address (P.O. Box Number is Not Acceptable)						
10450 SAN JOSE BLVD. JACKSONVILLE, FL 32257				4348 Southpoint Blvd.						
, , , , , , , , , , , , , , , , , , , ,					Suite 101					
				City Zip Code						
					sonville			<del>-</del>   32216	ó	
	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registere	ed office or re	gistered agent, or bo	th, in the State of Flo	rida. I am	familiar with,	and accept	
11.0 00.ngui	ions of registeres agoni.									
SIGNATURE.	Circuit to a district of the circuit	and title if annihabile ANOTE	T. Davisson				DATE			
	Signature, typed or printed name of registered agent a	ино иле и аррисаоне. (NO16	:: negistered	a Agent signature i	equired when reinstating)		DAIL			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				ncing	\$5.00 May Be Added to Fees					
			11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	PD	☐ Delete	TITLE		PD Milliana W	.1+ I **	,	Change	Addition	
NAME CIRCET APPROFES	WILLIAMS, WALTER L JR.					lliams, Walter L. JR. 48 Southpoint Blvd. Suite 101				
STREET ADDRESS CITY-ST-ZIP						ksonville, Fl. 32216				
TITLE	VD	☐ Delete	TITLE		D D D D D D D D D D D D D D D D D D D	c, fi. 322.	10			
····u								🕎 Change	☐ Addition	

STREET ADDRESS [ 10450 SAN JOSE BLVD. STREET ADDRESS 4348 Southpoint Blvd. Ste 101 CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP Jacksonville, Fl 32216 STD TITLE Delete TITLE Addition STD Powers, Hilda Jean Change POWERS, HILDA JEAN NAME 10450 SAN JOSE BLVD. STREET ADDRESS STREET ADDRESS 4348 Southpoint Blvd. Ste 101 CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP Jacksonville, Fl. 32216 Delete Change TITLE VD ☐ Addition POWERS, GERALD K. Powers, Gerald K. 4348 Southpoint Blvd. Ste 101 NAME NAME 10450 SAN JOSE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP <u>Jacksonville, Fl 32216</u> ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 exploit 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 attachpent with an address, with all other like empowered

SIGNATURE:

INATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/06

904-421-9000

Date

Oaytime Phone #