
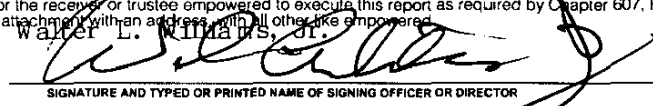


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90006 021 \*\*\*150.00

<b>DOCUMENT # F22141</b> 1. Entity Name <b>WALTER WILLIAMS REALTY, INC.</b>					
Principal Place of Business <b>4348 SOUTHPOINT BLVD STE 101 JACKSONVILLE, FL 32216</b>			Mailing Address <b>4348 SOUTHPOINT BLVD STE 101 JACKSONVILLE, FL 32216</b>		
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		Country		01102008 Chg-P CR2E034 (12/06)	
4. FEI Number <b>59-2073504</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WILLIAMS, WALTER L., JR. 4348 SOUTHPOINT BLVD STE 101 JACKSONVILLE, FL 32216</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILLIAMS, WALTER L JR 4348 SOUTHPOINT BLVD JACKSONVILLE, FL 32216	<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	VS IDDINGS, COLLEEN R 4348 SOUTHPOINT BLVD JACKSONVILLE, FL 32216	<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	V- JUHASZ, SHARON H 7119 SAN SEBASTIAN AVE JACKSONVILLE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JUHASZ, SHARON H. 8727 COMO LAKE DRIVE JACKSONVILLE, FL. 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SINOFF, CAROLE N 9435 PONDER RD JACKSONVILLE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SINOFF, CAROLE N. 1136 WEST KESLEY LANE JACKSONVILLE, FL 32259 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LEACH, GERALD R 29 OLD MISSION AVE ST AUGUSTINE, FL 32084	<input checked="" 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	VP WALLY, MARCUS A 29 OLD MISSION AVE ST AUGUSTINE, FL 32084	<input checked="" 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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>2-15-08</b>				Daytime Phone # <b>904-421-9000</b>	

40034406



# ATTACHMENT

40034406

WALTER WILLIAMS REALTY, INC. # 59-2073504

DOCUMENT # F22141

VP

Williams, Sherry L.  
1020 Fruit Cove Rd  
Jacksonville, Fl. 32259

VP

Smith, Gerald R.  
3754 Coronado Road  
Jacksonville, Fl. 32217

VP

Heiser, Thomas Jay  
53 Barrister Lane  
Palm Coast, Fl. 32137

Asst. VP

Gilberstadt, Musette S.  
1661 Riverside Avenue  
Unit 325  
Jacksonville, Fl. 32210

AVP

Gregory Paul Hoff  
22 Clarendon Court South  
Palm Coast, Fl. 32137

AVP

Newberry, Terrell Payton  
10903 Houndwell Way  
Jacksonville, Fl. 32225

AVP

Dickerson, Martha M.  
8929 Chambore Drive  
Jacksonville, Fl. 32256

AVP

Peeler, Doreen  
551 County Road 13 South  
St. Augustine, Fl. 32092

Asst. VP

Andry, Paul Moses  
3944 San Jose Blvd.  
Jacksonville, Fl. 32207

AVP

Garner, Ronda Anne.  
19 Cool Water Court  
Palm Coast, Fl. 32137

AVP

Sandra Dee Storms  
7 Ormond Green  
Ormond Beach, Fl. 32174

# ATTACHMENT

WALTER WILLIAMS REALTY, INC.

59-2073504

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Please delete the following officers from the above corporation.

Heiser, Gary G.

10 Live Oak Lane

Palm Coast, Fl. 32137

Morrell, Robert James

5505 Mariners Cove Drive

Jacksonville, Fl. 32210

White, Stephanie S.

3212 Trout Creek Court.

St. Augustine, Fl 32092

Coyle, Brian Jack

11941 Remsen Road

Jacksonville, Fl. 32223