2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# F22141

Entity Name: WALTER WILLIAMS REALTY, INC.

Current Principal Place of Business:

4348 SOUTHPOINT BLVD
STE 101
JACKSONVILLE, FL 32216

New Principal Place of Business:

10450 SAN JOSE BLVD.
JACKSONVILLE, FL 32257

Current Mailing Address:

4348 SOUTHPOINT BLVD
STE 101
JACKSONVILLE, FL 32216

New Mailing Address:

10450 SAN JOSE BLVD.
JACKSONVILLE, FL 32257

FEI Number: 59-2073504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, WALTER L JR
4348 SOUTHPOINT BLVD
STE 101
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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

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: _____ 02/25/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLIAMS, WALTER L JR
Address: 4348 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VS ( ) Delete
Name: IDDINGS, COLLEEN R
Address: 4348 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: V (X) Delete
Name: JUHASZ, SHARON H
Address: 8727 C0M0 LAKE DR
City-St-Zip: JACKSONVILLE, FL 32256

Title: V (X) Delete
Name: SINOFF, CAROLE N
Address: 1136 W KESLEY LN
City-St-Zip: JACKSONVILLE, FL 32259

Title: AV (X) Delete
Name: GAGE, LAURA E
Address: 7312 POINCIANA AVENUE
City-St-Zip: JACKSONVILLE, FL 32217

Title: V (X) Delete
Name: WILLIAMS, SHERRY L
Address: 1020 FRUIT COVE RD
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WILLIAMS, WALTER L JR
Address: 10450 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP (X) Change ( ) Addition
Name: WILLIAMS, SHERRY L
Address: 1020 FRUIT COVE RD.
City-St-Zip: JACKSONVILLE, FL 32259

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:

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. PD 02/25/2009
Electronic Signature of Signing Officer or Director — Date