


**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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DOCUMENT # PO2000051421	
1. Entity Name Williams Real Estate + Management Corporation	

FILED

11 JUN 16 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box # 1100 Clubhouse Blvd.		3. Mailing Address 1100 Clubhouse Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State New Smyrna Bch., FL		City & State New Smyrna Bch., FL	
Zip 32168	Country USA	Zip 32168	Country USA

CR2E034B (1/11)

DO NOT WRITE IN THIS SPACE		4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name Donnie H. Williams	
		Street Address (P.O. Box Number is Not Acceptable) 1100 Clubhouse Blvd.	
		City New Smyrna Beach	FL Zip Code 32168

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 **Donnie H. Williams**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$81.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	E-mail Address: donniehw9@ATT.net E-mail address to be used for future annual report notices.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Donnie H. Williams 1100 Clubhouse Blvd. New Smyrna Bch., FL.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary/Treasurer Marlene B. Williams 1100 Clubhouse Blvd New Smyrna Bch., FL. 32168
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100207327221
06/13/11--01052--001 **70.00
100207327221
05/06/11--01045--022 **150.00

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: **Donnie H. Williams**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

7/5/2011 386-428-2656