


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90028 006 \*\*\*550.00

<b>DOCUMENT # P04000059141</b>	
1. Entity Name <b>DIANA WILLIAMS REALTY, INC.</b>	

Principal Place of Business <b>464 BOUCHELLE DRIVE #101 NEW SMYRNA BEACH, FL 32169</b>	Mailing Address <b>464 BOUCHELLE DRIVE #101 NEW SMYRNA BEACH, FL 32169</b>
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**50065889**

2. Principal Place of Business <b>1090 Clubhouse Blvd</b>	3. Mailing Address <b>1090 Clubhouse Blvd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>New Smyrna Bch FL</b>	City & State <b>New Smyrna FL</b>
Zip <b>32168</b>	Country <b>USA</b>
Zip <b>32168</b>	Country <b>USA</b>

07282005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>WILLIAMS, DIANA 464 BOUCHELLE DRIVE #101 NEW SMYRNA BEACH, FL 32169</b>	
7. Name and Address of New Registered Agent Name <b>Williams, Diana</b> Street Address (P.O. Box Number is Not Acceptable) <b>1090 Clubhouse Blvd</b> City <b>New Smyrna Bch. FL</b> Zip Code <b>32162</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>Realtor-President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WILLIAMS, DIANA</b>		NAME <b>Williams, Diana</b>	
STREET ADDRESS <b>464 BOUCHELLE DRIVE #101</b>		STREET ADDRESS <b>1090 Clubhouse Blvd</b>	
CITY-ST-ZIP <b>NEW SMYRNA BEACH, FL 32169</b>		CITY-ST-ZIP <b>New Smyrna Beach, FL 32168</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemption stated in Section 119.07(3)(i), 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:** Diana Williams **9/1/05 386 690-2300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #