


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

09-09-2005 90028 006 ***550.00

DOCUMENT # P04000059141

1. Entity Name
DIANA WILLIAMS REALTY, INC.



Principal Place of Business Mailing Address

464 BOUCHELLE DRIVE 464 BOUCHELLE DRIVE
 #101 #101
 NEW SMYRNA BEACH, FL 32169 NEW SMYRNA BEACH, FL 32169

50065889

2. Principal Place of Business 3. Mailing Address

1090 Clubhouse Blvd **1090 Clubhouse Blvd**

Suite, Apt. #, etc. Suite, Apt. #, etc.



07282005 Chg-P CR2E034 (10/03)

City & State City & State 4. FEI Number Applied For

New Smyrna Bch **New Smyrna FL** **52-2442452** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

32168 **USA** **32168** **USA**

6. Name and Address of Current Registered Agent

WILLIAMS, DIANA
464 BOUCHELLE DRIVE
#101
NEW SMYRNA BEACH, FL 32169

7. Name and Address of New Registered Agent

Name **Williams, Diana**

Street Address (P.O. Box Number is Not Acceptable)
1090 Clubhouse Blvd

City **New Smyrna Bch. FL** Zip Code **32162**

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 _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, DIANA 464 BOUCHELLE DRIVE #101 NEW SMYRNA BEACH, FL 32169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Realtor-President Williams, Diana 1090 Clubhouse Blvd New Smyrna Beach, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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	<input 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 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 #