## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2005 08:00 AM Secretary of State

Entity Nar     WTC HO	OLDINGS, INC.	Mailing Address		Seci	retary of State
•	NELSIDE DRIVE	T101 CHANNELSIDE DRIVE TAMPA, FL 33602			
<del></del>	The state of the s				
	OO NOT WRITE		CE	.,	P2E034 (10/03)  Applied For Not Applicable
DICE! EX	The second secon	Sered Agent			
BIERLEY, JOHN C 100 NORTH TAMPA STREET			DO NOT WRITE		
STE 2120 TAMPA, F		 		IN THIS SPA	CE
8. The above	e named entity submits this statement for the tions of registered agent	purpose of changing its register	ed office ar register	ed agent, or both, in the State of Florida.	I am familiar with, and accept
SIGNATURE.		—		·	
	Signature, typed or printed name of registered agent and to	<del>                                      </del>	ad Agent signature required		DATE
FIL After M	E NOW!!! FEE IS \$150.00 lay 1, 2005 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution.		00 May Be ed to Fees	
10.	OFFICERS AND DIR	ÉCTORS	1	The second secon	10 miles (10 mil
NAME STREET ADDRESS CITY-ST-ZIP	GARY, JOHN H III 4228 ARBORWOOD LANE TAMPA, FL 33624				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	DP BIERLEY, JOHN C 100 NORTH TAMPA STREET, STE. TAMPA, FL 33602	2		U00000033 04/27/05-80	S163 1076-004 150.00
YITLE NAME	DVP CISNEROS, FRANK G		The second secon		
STREET ADDRESS CITY-ST-ZIP	500 NORTH WESTSHORE BLVD. #   TAMPA, FL 33609	405		DO NOT WR	ITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_IN THIS SPA	CE
TITLE NAME STREET ADDRESS	±	- <u> </u>			and an advantage of the street
TITLE NAME STREET ADDRESS CITY-ST-ZIP	स्था सम्बद्धाः	The state of the s			<del>gagan</del> anya
12. I hereby certify that the information expolied with this filing does not disapply for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 further certify that the information indicated on this report or supplemental report is fine and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation of the receiver or trustee empowered to executely 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, withat other like empowered.					
SIGNATURE:  SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Description in Description					