## 2005 FOR PROFIT CORPORATION

## May 02, 2005 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P00000044369 05-02-2005 90378 049 \*\*\*150.00 TWC SEVENTY-FOUR DEVELOPMENT, INC. Principal Place of Business Mailing Address 655 N. FRANKLIN ST., SUITE 2200 655 N. FRANKLIN ST., SUITE 2200 14011952 TAMPA, FL 33602 TAMPA, FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCDONOUGH, BRIAN J Street Address (P.O. Box Number is Not Acceptable) 2200 MUSEUM TOWER 150 W. FLAGLER STREET Brenda H. Storey MIAMI, FL 33130 655-N. Franklin Street, Suite 2200 City Zip Code Tampa, FL 33602 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. 4/15/05 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Efection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition □ Delete TITLE ☐ Change WILSON, CAROLYN M NAME STREET ADDRESS 655 N. FRANKLIN ST., SUITE 2200 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP TITLE **CFOS** Delete TITLE Addition ☐ Chance STOREY, BRENDA H NAME NAME STREET ADDRESS 655 NORTH FRANKLIN STREET SUITE 2200 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE III) F ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

renda H. Storey

Chief Financial Officer

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED**